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**MEDICAL SERVICE CAREER LADDERS AFSC 902X0/A/B/C(U) AIR
FORCE OCCUPATIONAL MEASUREMENT CENTER RANDOLPH AFB TX
JUN 86**

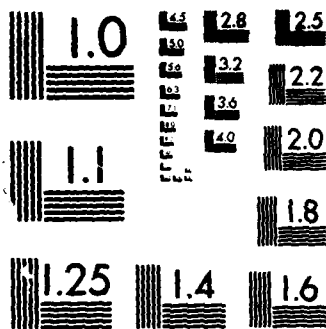
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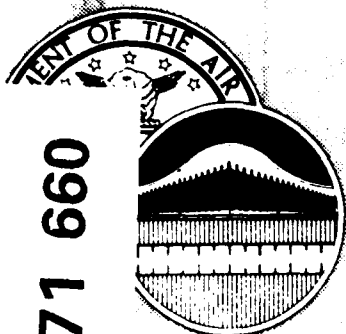
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UNITED STATES AIR FORCE

OCCUPATIONAL SURVEY REPORT

MEDICAL SERVICE CAREER LADDERS

AFSC 902X0/A/B/C

AFPT 90-902-737

JUNE 1986

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OCCUPATIONAL ANALYSIS PROGRAM
USAF OCCUPATIONAL MEASUREMENT CENTER
AIR TRAINING COMMAND
RANDOLPH AFB, TEXAS 78150-5000

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HQ PACAF/TTGT	1		1	
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HQ USAFE/TTGT	1		1	
HQ USMC (CODE TPI)	1			
NODAC	1			
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USAFSAM/EDSC (BROOKS AFB TX) (902X0C)	5	2	2	9
DET 4, USAFOMC (SHEPPARD AFB TX)	1	1	1	1
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PREFACE

This report presents the results of an Air Force occupational survey of the Medical Service career ladder (AFSC 902X0/A/B/C). Authority for conducting occupational surveys is contained in AFR 35-2. Computer printouts from which this report was produced are available for use by operating and training officials upon request.

The survey instrument was developed by CMSgt James T. Duffy, Inventory Development Specialist. Ms Faye Shenk and Ms Laurie Bobkoff analyzed the data and wrote the final report. Ms Olga Velez provided computer programming support, Ms Raquel A. Soliz provided administrative support for the project, and the Field Manager was Sgt Anthony Jackson. This report has been reviewed and approved by Lieutenant Colonel Charles D. Gorman, Chief, USAF Airman Analysis, Occupational Analysis Division, USAF Occupational Measurement Center.

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel. ~~Additional copies may be obtained upon request to the Occupational Measurement Center, Attention: Chief, Occupational Analysis Division (OMY), Randolph AFB, Texas, 78150-5000.~~

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Commander
USAF Occupational Measurement
Center

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Chief, Occupational Analysis Division
USAF Occupational Measurement
Center

SUMMARY OF RESULTS

1. Survey Coverage: The Medical Service career ladder was surveyed to obtain current data for use in training management decisions and to evaluate classification changes. Approximately one third of the basic AFSC 902X0 assigned airmen were selected for survey participation. All of the A, B and C shred personnel were selected. Data were collected from 3,038 respondents who include 2,217 basic Medical Service personnel; 140 with an A-shred; 28 with a B-shred, 653 with a C-shred; and 160 with DAFSC 90299 or 90200. Survey percentages (MAJCOM, Paygrade, TAFMS) are closely aligned with the percent assigned indicating a representative sample.

2. Career Ladder Structure: Nine clusters and one independent job type were identified in the career ladder structure analysis. The basic Medical Service personnel grouped into three clusters denoting a division between personnel performing outpatient, ward, and emergency room duties. A small group of personnel performing as independent duty specialists were identified within the Emergency Room Personnel Cluster. Specific clusters were identified for allergy (A-shred), neurology (B-shred), aeromedical (C-shred), and aeromedical evacuation (A-prefix). The remaining clusters represent managerial and training responsibilities. The AFSC 902X0 career ladder is basically organized consistent with mission requirements.

3. Career Ladder Progression: The nature of the jobs performed within the career ladder change gradually as skill level proficiency is established. The Medical Service Specialists and Technicians both perform a technical job with the senior members adding supervisory and on-the-job training skills. Career ladder management is performed by personnel with Superintendent and Chief Enlisted Manager codes.

4. Career Ladder Documents: Currently the STS for members of the Medical Service career ladder is being reviewed and updated by career ladder personnel to incorporate the new format and to provide for revisions being made in the training program. The STS is basically supported by the OSR data; however, reorganization of the STS to provide a more consistent document is recommended. AFR 39-1 descriptions for the career ladder are fairly complete.

5. Implications: The jobs identified by the career ladder structure analysis support the current structure of the Medical Service career ladder. Additionally, personnel are performing within their career ladder designation. Using the OSR data as a tool, all career ladder documents should be reviewed to ensure complete coverage and appropriateness of training documents.

OCCUPATIONAL SURVEY REPORT
MEDICAL SERVICE CAREER LADDER
(AFSC 902X0/A/B/C)

INTRODUCTION

This is a report of an occupational survey of the Medical Service (AFSCs 902X0/A/B/C) career ladder completed by the Occupational Analysis Division, USAF Occupational Measurement Center, in May 1986. The survey was requested by the School of Health Care Sciences (SHCS/MSO), Sheppard AFB TX, to: (a) evaluate changes in the classification system since recodification in Apr 81; (b) provide data for review of the Specialty Training Standard (STS), and (c) provide data for review of management actions and to expand the basic resident course at Sheppard AFB. The last OSR was completed in 1977 for Aeromedical Personnel (AFSC 902X0C), and 1979 for the combined Medical Service and Allergy/Immunology personnel (902X0, 902X0A).

Background

The Medical Service career ladder was established in 1951. In 1981, the career ladder incorporated three shreds: the A-Shred (Allergy/Immunology) was created from AFSC 912X4; the B-Shred (Neurology) from AFSC 902X2; and the C-Shred (Aeromedical) from AFSC 901X0.

As described in AFR 39-1 Specialty Descriptions, Medical Service personnel are involved in planning, providing, and evaluating patient cases including inpatient care, outpatient care, emergency services, and disaster preparedness. Selected personnel may perform independent duty in which they conduct Medical Clinic functions at small isolated locations in the absence of a medical officer. Medical Service personnel may also perform Aeromedical Evacuation duty providing medical care for patients during air transport. Shred personnel are responsible for the basic medical service duties in addition to their specific function. AFSC 902X0A personnel perform Allergy/Immunology functions. They assist physicians in treating allergy patients and participate in immunization programs. AFSC 902X0B, Neurology personnel, perform various electroencephalographic and electromyographic procedures. AFSC 902X0C, Aeromedical personnel, assist the flight surgeon with diagnostic procedures for flyers, missile alert crewmembers, and air traffic control personnel. They also serve as members of flightline crash ambulance medical crew. The career ladder is included under a common Superintendent level (AFSC 90299, Medical Service Superintendent) and Chief Enlisted Manager (CEM) Code AFSC 90200, Medical Service Manager.

Primary entry into the career ladder from Basic Military Training School (BMTS) is through a resident training course. Personnel selected for training as a Medical Service Specialist (AFSC 902X0), Allergy/Immunology Specialist (AFSC 902X0A) or Neurology Technician (AFSC 902X0B) attend a 9-week Category A course (J3ABR90230, J3AQR90230A, J5ABA90230B) at Sheppard AFB. Upon completion of the basic course, allergy/immunology personnel attend an 8-week course at Walter Reed Army Hospital, Washington D.C. Neurology personnel currently

receive their AFSC-specific training at Bethesda Naval Medical Center, Bethesda, MD. Aeromedical, C-Shred, personnel attend a 9-week resident training course (B3ABY902XOC) at the School of Aerospace Medicine, Brooks AFB. In addition, completion of an independent duty course is mandatory for specialists assigned to independent duty (IDT). Completion of an Aeromedical Evacuation course is also mandatory for personnel assigned to aeromedical evacuation duties (A-Prefix personnel). Finally, an approved emergency medical technician or IDT course is required for personnel assigned to emergency or aerospace medicine service.

SURVEY METHODOLOGY

Inventory Development

Data for this survey were collected using USAF Job Inventory AFPT 90-902-737, dated November 1984. To develop the data collection instrument, career ladder documents (i.e., CDC, STS), tasks from the previous inventory, and data from the last occupational survey report (OSR) were reviewed. A new task list was then evaluated in the field through personal interviews with subject-matter specialists at operational units and personnel at the technical training center. Locations for field visits were coordinated with the AF Functional Managers and MAJCOM Functional Managers. Forty-nine subject matter specialists from the following bases were visited during the job inventory validation phases:

<u>BASE</u>	<u>MAJCOM</u>	<u>MEDICAL FACILITY</u>
Edwards AFB CA	AFSC	Flight Surgeon
Nellis AFB NM	TAC	Flight Surgeon
Davis-Monthan AFB AZ	TAC, SAC	Flight Surgeon
Beale AFB CA	SAC	Flight Surgeon
Travis AFB CA	MAC	Flight Surgeon
Keesler AFB MS	ATC	Medical Center
Hanscom AFB MA	AFSC	Clinic, no flying mission
Scott AFB IL	MAC	Aeromedical Evacuation Squadron
Eglin AFB FL	TAC	Hospital

The final Job Inventory for AFSC 902X0/A/B/C survey was composed of two parts. The first part was a background section in which incumbents provided information such as paygrade, duty title, time in service, job satisfaction, and equipment used. The second part of the inventory was a duty-task list section in which incumbents indicated the tasks they perform and the relative amount of time they spend on those tasks. There were 916 tasks grouped under 20 functionally related duty headings.

Survey Administration

Consolidated Base Personnel Offices (CBPO) in operational units worldwide administered the inventory to Medical Service personnel between February and July 1985. Each individual completed the background information section and checked each task performed on their current job. After checking the tasks performed, the incumbent rated each task on a 9-point scale showing relative time spent on that task compared to other tasks performed. The ratings range from 1 (very small amount of time) through 5 (about average in time) to 9 (very large amount of time).

To determine relative time spent for each task checked by a respondent, all of the incumbent's ratings are summed. Each task rating is then divided by the total of task ratings and multiplied by 100. This procedure provides a basis for comparison of tasks in terms of percent members performing and average percent time spent.

Survey Sample

Personnel were selected to participate in this survey to ensure an accurate representation across major commands (MAJCOM) and paygrade groups. Due to the large number of assigned AFSC 902X0 personnel, a stratified random sample process was used to select survey participants. Approximately one-third of the basic AFSC 902X0 assigned airmen were selected for survey participation. All of the A, B, and C-Shred personnel were selected. Approximately three-fourths of the AFSC 90299 and 90200 personnel were selected for survey participation. The sample distribution is shown in Table 1. The 3,038 respondents in the final sample represent 40 percent of the total assigned AFSC 902X0 personnel (including AFSC 90299 and 90200). Table 2 shows the percentage distribution, by major commands, of assigned personnel in the career ladder as of January 1985. All survey percentages are closely aligned with the percent assigned indicating a representative sample. Command representation for the basic AFSC and individual shreds are presented in Appendix A.

Task Factor Administration

In addition to completing the job inventory, selected senior AFSC 902X0 personnel were asked to complete a booklet for either task difficulty (TD) or training emphasis (TE). TD and TE booklets are processed separately from the job inventories. Rating information is used in several analyses discussed in this report.

Task Difficulty (TD). TD is defined as the length of time required by an average incumbent to learn to do the task. Each person completing a TD booklet was asked to rate all inventory tasks on a 9-point scale (from extremely low to extremely high) as to relative difficulty of each task. Task difficulty data were collected from 142 senior Medical Service personnel. Five separate sets of TD data were analyzed. These included TD data as rated by all respondents and data for each functional group within the career ladder

TABLE 1
SAMPLE DISTRIBUTION

	AFSC					
	<u>902X0*</u>	<u>902X0A</u>	<u>902X0B</u>	<u>902X0C</u>	<u>90299</u>	<u>90200</u>
TOTAL ASSIGNED**	7,649	188	32	886	143	67
TOTAL NUMBER ELIGIBLE	2,384***	168	32	800	128	56
TOTAL IN SAMPLE	2,217	140	28	653	113	47
PERCENT OF ASSIGNED	30	74	88	74	79	70
PERCENT OF ELIGIBLE	93	83	88	82	88	84

* Includes A-prefix

** As of January 1985

*** Random selection to represent a third of basic AFSC 902X0 personnel

TABLE 2
COMMAND REPRESENTATION OF AFSC 902X0 SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED*</u>	<u>PERCENT OF SAMPLE</u>
SAC	18	19
MAC	17	18
TAC	15	15
USAFE	11	10
AFSC	11	11
ATC	11	11
PACAF	6	5
AFLC	5	5
AAC	2	2
USAFA	1	1
AU	1	1
SPACECMD	1	1
AF ELEM OTHER	1	-

* As of January 1985
- Less than 1 percent

separately as rated by members of each specific group. The interrater reliability for the total raters showed a higher level of agreement than for the specified groups. The overall ratings were adjusted so tasks of average difficulty would have a 5.00 average rating and a standard deviation of 1.0. The resulting data are essentially a rank ordering of tasks indicating the degree of difficulty for each task in the inventory.

Job Difficulty Index (JDI). The JDI is a measure of which jobs, in comparison with other jobs, are more or less difficult. After determining the TD for each task, a JDI is computed for each of the job groups identified in the survey analysis. An equation using the number of tasks performed and the average difficulty per unit time spent as variables is the basis for the JDI. The index generally ranges from 1.0 for very easy jobs to 25.0 for very difficult jobs. The measurements are adjusted so the average JDI is 13.0.

Training Emphasis (TE). TE is a measure of which tasks require structured training for first-term personnel. Structured training is defined as training provided at resident schools, field training detachments (FTD), mobile training teams (MTT), formal OJT, or any other organized training method. Individuals completing TE booklets were asked to rate tasks on a 10-point scale from zero (no training required) to 9 (extremely high training required). Training emphasis data were collected from 184 experienced AFSC 302X0 personnel. Because of the different functions within the career ladder, TE data were analyzed for all raters and for the five functional groups within the career ladder. TE data showed a higher correlation for each of the specified groups than for all of the raters combined. This indicates training requirements vary for each group. TE data are thus presented separately for each group of raters: Aeromedical Evacuation, Allergy/Immunology, Neurology Aeromedical, and basic Medical Service personnel.

When used in conjunction with other factors, such as percent members performing and task difficulty, TE ratings can provide an insight into training requirements. Such information may help substantiate lengthening or shortening sections of instruction in various training programs.

SPECIALTY JOBS (Career Ladder Structure)

A USAF occupational analysis begins with an examination of the career ladder structure. This analysis is based on what incumbents are doing in the ladder as determined from task responses, in contrast to official career ladder document definitions of their job. The job structure analysis is made possible through the use of the Comprehensive Occupational Data Analysis Programs (CODAP). CODAP provides a series of programs specifically designed to identify functional groups of respondents based on similarity of tasks performed and relative time they spend on those tasks. The career ladder structure is described in terms of job types, subclusters, clusters, and independent job types. For instance, each person in the survey performs a set of tasks which is called their position. A group of positions (representing

individual jobs) where many similar tasks are performed and incumbents spend similar amounts of time performing them is called a job type. The job type is the basic unit of job analysis. While the job type represents a specific group of individuals performing basically the same tasks and spending similar amounts of time on those tasks, job type members may also perform some tasks in common with another group. Groups performing some common tasks, but varying in the time spent on those tasks or other tasks performed, are called a subcluster. A group of related job types or subclusters form a larger unit called a cluster. Specialized job types too dissimilar to fit within a cluster are labeled independent job types. These terms will be used in the description of the AFSC 902X0 career ladder structure.

Specialty Structure Overview

The job structure for the Medical Service career ladder was determined by performing a job type analysis of 3,038 survey respondents from the AFSC 902X0 career ladder. Based on task similarity and time spent, the jobs performed by Medical Service personnel separated into 10 major areas (9 clusters and 1 independent job type). These groups are identified below. The group (GRP) number is a reference to computer-printed information. The letter "N" stands for the number of personnel in the group. Complete summaries of representative tasks and background information for all groups identified are given in Appendix B.

AFSC 902X0 Career Ladder Structure

- I. FLIGHT MEDICAL PERSONNEL CLUSTER (GRP084, N=623)
 - A. Flight Surgeon Office Personnel Subcluster (GRP366, N=56)
 - B. NCOIC Physical Exams and Standards Personnel Job Type (GRP622, N=92)
 - C. Flight Physical Examiners Subcluster (GRP403, N=413)
 - D. First-Job Flight Physical Job Type (GRP360, N=5)
- II. EMERGENCY ROOM (ER) PERSONNEL CLUSTER (GRP255, N=587)
 - A. NCOIC, Emergency Room Job Type (GRP547, N=83)
 - B. Emergency Medical Personnel Job Type (GRP501, N=410)
 - C. First-Term Emergency Room Personnel Job Type (GRP386, N=5)
 - D. Independent Duty Specialists (IDS) Subcluster (GRP478, N=27)
 - E. Outpatient Immunization Personnel Subcluster (GRP383, N=14)
 - F. Patient Preparation Personnel Subcluster (GRP397, N=20)

- III. WARD CARE CLUSTER (GRP248, N=738)
 - A. Ward Supervisors Subcluster (GRP476, N=126)
 - B. Field Emergency Personnel Job Type (GRP524, N=7)
 - C. First-Term Ward Personnel Job Type (GRP485, N=385)
 - D. Obstetrics Job Type (GRP620, N=166)
 - E. Intensive Care Unit (ICU)/Pediatrics Job Type (GRP607, N=15)
 - F. Inpatient Admitting Subcluster (GRP287, N=25)
- IV. AEROMEDICAL STAGING-MAC INDEPENDENT JOB TYPE (GRP426, N=14)
- V. OUTPATIENT CARE PERSONNEL CLUSTER (GRP096, N=239)
 - A. Family Practice/Primary Care Subcluster (GRP213, N=147)
 - B. Administrative Specialists Subcluster (GRP258, N=52)
- VI. ALLERGY PERSONNEL CLUSTER (GRP145, N=138)
 - A. First-Term Allergy Personnel Job Type (GRP584, N=29)
 - B. Senior Level Allergy Personnel Job Type (GRP860, N=93)
- VII. CAREER LADDER MANAGERS CLUSTER (GRP080, N=302)
 - A. Superintendents Subcluster (GRP327, N=150)
 - B. NCOICs, Outpatient Care Subcluster (GRP365, N=62)
 - C. NCOICs, Ward Care Subcluster (GRP506, N=20)
 - D. Professional Services Job Type (GRP462, N=7)
- VIII. TRAINING PERSONNEL CLUSTER (GRP119, N=49)
 - A. OJT Personnel Job Type (GRP721, N=13)
 - B. Field Emergency Personnel Job Type (GRP474, N=5)
 - C. Medical Readiness Instructors Subcluster (GRP371, N=18)
- IX. NEUROLOGY PERSONNEL CLUSTER (GRP263, N=27)
 - A. EEG Technicians Subcluster (GRP432, N=20)
 - B. Neurology Supervisors Job Type (GRP544, N=7)
- X. AEROMEDICAL EVACUATION CLUSTER (GRP243, N=83)
 - A. Independent Duty Personnel Job Type (GRP608, N=10)
 - B. MAC Personnel Subcluster (GRP367, N=61)

Each shred in the Medical Service career ladder grouped independently. The unshredded portion of the career ladder basically was divided into four main areas: Emergency Room Personnel Care, Ward Care Personnel, Outpatient Care Personnel, and Aeromedical Evacuation Personnel (A-Prefix). CEM and AFSC 90299 personnel grouped together to form a cluster of Career Ladder Managers. A small group of independent duty specialists was identified within the

Emergency Room Personnel cluster. The primary division of jobs within the career ladder is basically functional. A second level of division within the jobs defined is based on level of experience.

Ninety-two percent of the respondents were performing jobs grouped within the clusters and independent job type. The remaining 8 percent performed tasks, or a series of tasks, that did not group with any of the defined job types. Some job titles given by these respondents included: Medical Inspector, Research Assistant, Assistant Clinic Coordinator, and Admitting Nurse Technician.

Job Descriptions

The following paragraphs describe the major job groups identified from the computer analysis. Tasks lists for each of these job groups are given in Appendix B. Selected background information is provided for these groups in Table 3. Table 4 shows the relative percent time members of each group spend on duties.

I. Flight Medical Personnel (GRP084, N=623). Eighty-nine percent of these incumbents are C-shred personnel and 9 percent have an A-prefix, indicating aircrew status. Personnel in this cluster provide support for flight surgeons. They perform tasks directly related to the Aeromedical Specialist functions described in AFR 39-1. They prepare and maintain aeromedical reports required by the flight surgeon, assist flight surgeons in performing diagnostic procedures for flyers, missile alert crew members, and air traffic control personnel, and serve as flight-line crash ambulance medical team members.

The factor common in the jobs of these personnel is performance of physical examinations (28 percent of their job time). Two subclusters and two job types were identified within the cluster. The first group, Flight Surgeons Office Personnel, spend a greater amount of time performing administrative duties. While they perform many of the same technical tasks as members of the cluster, they spend more time on such tasks as:

- initiate and maintain forms
- schedule patient appointments
- screen patients at sick call
- maintain outpatient appointment books
- review medical records
- prepare or submit daily patient count statistics

The majority of cluster members (N=413) are found within the Flight Physical Examiners subcluster. Typical tasks for personnel in this group include:

TABLE 3
SELECTED BACKGROUND DATA FOR 902X0 CAREER LADDER STRUCTURE GROUPS*

DUTY AREAS	FLIGHT MEDICAL PERSONNEL (GRP084)	EMERGENCY ROOM PERSONNEL (GRP255)	WARD CARE PERSONNEL (GRP248)	AEROMEDICAL STAGING PERSONNEL (GRP426)	OUTPATIENT CARE PERSONNEL (GRP096)	ALLERGY PERSONNEL (GRP145)	CAREER LADDER MANAGERS (GRP080)	TRAINING SPECIALISTS (GRP119)	NEUROLOGY PERSONNEL (GRP263)	AEROMEDICAL EVACUATION PERSONNEL (GRP243)
NUMBER IN GROUP	623	587	738	14	239	138	302	49	27	83
AVERAGE PAYGRADE	E-4	E-4	E-3	E-3, E-4	E-4	E-4	E-7	E-5	E-5	E-5
AVERAGE NUMBER OF TASKS PERFORMED	148	193	126	93	73	103	110	43	85	93
DAFSC DISTRIBUTION (PERCENT)										
SKILL LEVEL										
90230	17%	6%	21%	-	11%	12%	-	-	15%	-
90250	57%	65%	66%	93%	74%	64%	8%	49%	44%	65%
90270	24%	29%	13%	7%	15%	11%	49%	47%	41%	31%
90299	2%	-	-	-	-	-	30%	2%	-	2%
90200	-	-	-	-	-	-	13%	2%	-	1%
PREFIX AND SUFFIX DISTRIBUTION (PERCENT)										
A902X0	9%	2%	-	-	-	-	4%	2%	-	87%
T902X0	-	-	-	-	-	-	2%	71%	4%	-
902X0A	-	-	-	-	-	85%	3%	2%	-	2%
902X0B	-	-	-	-	-	-	-	-	96%	-
902X0C	89%	2%	-	-	3%	-	12%	14%	-	2%
AVERAGE MONTHS IN CAREER FIELD	63	74	38	35	59	62	185	96	72	92
AVERAGE MONTHS IN SERVICE	74	82	43	38	65	77	214	113	110	103
PERCENT IN FIRST ENLISTMENT	55%	40%	75%	86%	55%	40%	2%	-	37%	17%
PERCENT SUPERVISING	37	40%	22%	7%	23%	28%	77%	26%	37%	41%
PERCENT FEMALE	25	20%	32%	-	57%	26%	13%	22%	26%	17%
JOB DIFFICULTY INDEX (JDI)	13.90	16.61	12.01	10.33	7.91	13.06	15.47	12.24	13.51	12.40

- Less than 1 percent

* Columns may not add to 100 percent due to no response or rounding

TABLE 4

AVERAGE PERCENT TIME SPENT PERFORMING DUTIES BY 902X0 CAREER LADDER STRUCTURE GROUPS*

DUTY AREAS	FLIGHT MEDICAL PERSONNEL (CRP084)	EMERGENCY ROOM PERSONNEL (CRP255)	WARD CARE PERSONNEL (CRP248)	AEROMEDICAL STAGING PERSONNEL (CRP426)	OUTPATIENT CARE PERSONNEL (CRP096)	ALLERGY PERSONNEL (CRP145)	CAREER LADDER MANAGERS (GRP080)	TRAINING PERSONNEL (CRP119)	NEUROLOGY PERSONNEL (CRP263)	AEROMEDICAL EVACUATION PERSONNEL (CRP243)
A ORGANIZING AND PLANNING	3	2	2	3	3	5	19	7	6	5
B DIRECTING AND IMPLEMENTING	4	3	2	3	3	5	20	9	5	6
C INSPECTING AND EVALUATING	3	3	8	2	2	3	20	9	6	5
D TRAINING	2	2	2	3	1	2	10	55	3	7
E PERFORMING ADMINISTRATIVE FUNCTIONS	34	20	13	10	39	11	16	6	27	10
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	-	-	-	-	-	-	-	-	-	1
G PREPARING FOR PATIENT CARE PROCEDURES	1	11	14	8	7	1	1	-	-	5
H PERFORMING PATIENT CARE PROCEDURES	7	26	43	35	21	13	6	3	5	16
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	7	3	-	3	-	-	1	1	-	4
J PREPARING AND ADMINISTERING INJECTIONS	1	3	-	-	2	27	1	-	-	-
K PERFORMING OUTPATIENT CLINICAL CARE	4	15	2	4	12	5	2	2	2	2
L PERFORMING WARD SERVICES	-	-	9	7	-	-	-	-	-	1
M PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	-	-	-	16	-	-	-	-	-	33
N PERFORMING ALLERGY TESTS AND PROCEDURES	-	-	-	-	-	8	-	-	-	-
O PERFORMING PHYSICAL EXAMINATIONS	28	-	-	-	1	-	-	-	-	-
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	2	2	1	-	1	-	-	-	-	3
Q PREPARING ALLERGY EXTRACTS OR KITS	-	-	-	-	-	7	-	-	-	-
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	2	4	-	-	-	-	-	4	-	2
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	-	-	-	-	-	-	-	-	44	-
T ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	1	3	6	2	5	-	-	-	-	-

* Columns may not add to 100 percent due to rounding

- visually inspect physical examination forms for completeness
- initiate or annotate medical history and report of medical examination
- perform and interpret audiograms
- perform eye examinations
- determine physical qualifications or disqualifications

A more senior group of personnel serve as NCOIC, Physical Exams and Standards. This group of 92 NCOICs represents the supervisory position within the flight surgeon's office. Five first-job personnel grouped together to form a job type based on the time they spend performing flight physicals.

The variations found within the cluster represent differences in levels of experience and differences in performing administrative procedures or performing flight physicals. Job experience of members is focused on tasks supporting aircrew medical functions. They perform an average of 84 tasks.

The average paygrade for cluster members is E-4. They have been on active duty for an average of 74 months. A little over half are serving their first tour in the Medical Service career ladder. Thirty-seven percent are supervisors. One-fourth of the cluster members are females.

II. Emergency Room Personnel Cluster (GRP255, N=587). The primary area of responsibility for Emergency Room personnel is outpatient care. Half of their job time is devoted to preparing and performing patient care procedures and performing outpatient clinical care. In addition, members spend 20 percent of their time performing administrative functions. Members performing outpatient care generally are in their second enlistment (82 months average TAFMS). Forty percent supervise others. Members perform an average of 192 tasks. Examples of tasks which cluster members perform are given below.

- obtain and record temperatures
- obtain and record blood pressures
- obtain and record radial pulse
- take throat cultures
- initiate or annotate SF forms 558 (Medical Record-Emergency Care and Treatment)
- apply sterile dressings
- move or transport patients
- maintain sterile fields
- suture lacerations
- change dressings
- maintain treatment room supplies
- clean patient care areas
- inspect and restock emergency carts
- drive ambulances, other than crash or AMBUS

Six jobs were identified within the cluster. Members of the NCOIC Emergency Room, Emergency Medical Personnel, and First-term ER Personnel groups form the nucleus of the cluster. These groupings reflect differences in level of experience rather than job differences.

Twenty-seven respondents grouped together as independent duty specialists. This small subcluster is representative of the individual assigned as the only medical person in isolated areas. They conduct sick calls, consult or coordinate treatment with military physicians, prescribe treatments, fill prescriptions, collect and analyze water samples, inspect nonmedical or non-flying units for safety or health hazards, perform chlorine residual tests, take blood and urine specimens, etc. Overseas and CONUS groups were identified within this subcluster. Both groups were performing the same basic tasks; however, the overseas group is more involved in environmental control.

Other jobs include a small group performing Allergy and Immunology tasks in addition to tasks performed by cluster members, and a small group of less experienced personnel more involved in setting up or preparing for patient care.

III. Ward Care Personnel (GRP248, N=738). Sixty-six percent of these cluster members hold the 5-skill level. They average 43 months in the service, with 75 percent serving their first enlistment. Forty-three percent of their job time is devoted to patient care and 14 percent to preparing for patient care procedures. They perform an average of 126 tasks which include:

- obtain and record blood pressures, temperatures, radial pulse, body weight, intake and output
- make beds
- serve nourishment to patients
- admit and orient patients to wards
- administer and monitor intravenous infusions
- prepare oxygen equipment
- perform post operative care

Several subclusters and job types were identified within the Ward Care Personnel cluster. For instance, a group of 126 respondents (97 months average TAFMS) grouped together based on their supervisory responsibilities (71 percent supervising (Ward Supervisors subcluster)). Seven respondents formed a job group (Field Emergency Personnel) based on their time spent responding to emergency situations. Although performing the basic cluster tasks, a large number (385) of first-term personnel (First-term Ward Personnel) formed a job type based on their time spent on cluster tasks. Another group of 166 respondents (Obstetrics) grouped based on their performance of tasks directly related to obstetrics, such as preparing delivery room and assisting with deliveries of babies. Forty-eight percent of the OB job type members are female. A smaller group of respondents (ICU/Pediatrics Personnel) formed a job type based on tasks performed in ICU or Pediatrics. These respondents monitor patients on assisted ventilation, set up for blood gas

studies, take footprints, and perform post delivery care or procedures for babies. The sixth job group (Inpatient Admitting subcluster) spend more time admitting patients and completing forms.

IV. Aeromedical Staging (GRP426, N=14). This very small group merged to form an independent job type, based on the time they spend performing aeromedical evacuation functions. They represent a group of first-term personnel (average TAFMS is 38 months) working in aeromedical staging units. Although their jobs involve many of the routine tasks performed by personnel working in the wards they are also responsible for assisting in such tasks as enplaning or deplaning patients, making up litters, moving or transferring patients, initiating or annotating DD Forms 602 (Patient Evacuation Tag), and arranging for special diets to accompany air evacuation patients.

Their average paygrade is between E-3 and E-4, with most holding a 5-skill level. Eleven of the 14 members are assigned to MAC. They perform an average of 93 tasks.

V. Outpatient Care Personnel (GRP096, N=239). Personnel within this cluster primarily perform outpatient care. While they are generally assigned to a Family Practice or Primary Care unit within these areas, they may be assigned to a Surgery Clinic, OB/GYN Clinic, Pediatric Clinic, Dermatology Clinic, or other specialized area.

While performing an average of 73 tasks, they spend 39 percent of their time on administrative functions, 21 percent on patient care, and 12 percent on outpatient care. Their technical job includes obtaining and recording blood pressures, temperature, and body weights. They schedule appointments, screen patients, and answer patients' inquiries over the phone. They prepare patients for physical examinations, maintain examination rooms, and maintain medical records.

Ninety-seven percent hold AFSC 902X0, but do not hold a shred. Their average TAFMS is 65 months. Fifty-five percent are on their first enlistment. Fifty-seven percent of this cluster are females.

Two subclusters were identified. The first subcluster (N=147) represents members involved in Family Practice and Primary Care, as well as general surgery, pediatrics, obstetrics, and internal medicine. Sixty-three percent of the subcluster members are female. Their average TAFMS is 68 months, although 55 percent are in their first enlistment.

Members of the second subcluster, Primary Care (N=147), represent a more junior group (48 months average TAFMS, with 67 percent in their first enlistment). Their average paygrade is E-3 to E-4. Twelve percent hold a C-suffix. They perform an average of 43 tasks. Forty-four percent indicate they work in primary care, 23 percent in family practice, 21 percent pediatrics, and 12 percent in flight surgeon offices. Twenty-four tasks occupy 50 percent of their job time. While there are some variations among members performing outpatient care, these differences appear more related to experience level than actual job differences.

VI. Allergy Specialists (GRP145, N=138). Cluster members are distinguished from the total sample based on their responsibilities as allergy/immunology specialists. Eight-five percent possess an A-suffix. The majority are 5-skill level personnel. They have been in the service an average of 76 months. While performing an average 103 tasks they spend 48 percent of their job time on allergy and immunology functions, preparing and administering injections (27 percent), performing allergy tests and procedures (8 percent), and preparing allergy extracts or kits (7 percent). Twenty-two percent of their time is spent on administrative functions such as scheduling patients for appointments and scheduling or supervising mass immunizations. Patient care duties, such as screening patients' needs and reviewing patient progress, take up a total of 13 percent of personnel's time. Typical tasks for cluster members include:

- administer allergy extracts, oral vaccines, or tuberculin skin tests
- annotate and update immunization roster machine printouts
- compare individual public health service form 731 with immunization card decks or printouts
- prepare medication or vaccine for injection
- determine specific dosage for allergy patients

Two job types were found within the cluster. The job types basically denote difference in experience level and breadth of job rather than a different position within the cluster.

VII. Career Ladder Managers (GRP080, N=302). Forty-nine percent of these members hold the 7-skill DAFSC, with 30 percent performing at the 9-skill level and 13 percent at the CEM code level. As expected, this is the most senior group identified. They have an average of 214 months on active duty. Seventy-seven percent are supervisors.

Eighty-five percent of this group's job time is devoted to managerial and supervisory duties. Members perform such tasks as counseling subordinates on military or personal problems, directing administrative functions, interpreting policies or directives, establishing work priorities, and preparing APRs. They perform an average of 110 tasks.

Four job groups were found within the cluster. These group divisions are based on area of assignment. For instance, in the first group, respondents indicated they are superintendents. Two other groups are NCOIC, Outpatient Care (N=62) and NCOIC, Ward Care (N=20). The last group are seven respondents in senior management positions, such as Superintendent Professional Services.

VIII. Training Personnel (GRP119, N=49). This group of 49 respondents represents both resident training and OJT instructors. The majority (71 percent) are assigned as instructors at Sheppard or Brooks AFBs. They hold an average paygrade of E-5, are 5- and 7-skill level, and are in their third

enlistment (average TAFMS is 113 months). They perform an average of 85 tasks. Fifty-five percent of their time is spent on training. Twenty-one tasks directly related to instructor functions occupy 50 percent of their job time. Members prepare and carry out all phases of training performed: they plan, conduct, and supervise OJT for enlisted personnel; schedule training; orient new personnel; and schedule fire drills, disaster training and evacuation procedures. Two job types and one subcluster were identified within this cluster. The first job type consists of 13 members involved in nursing education. They perform OJT at Travis, Wright-Patterson, and Carswell AFBs. The second job type is representative of personnel teaching medical readiness. All five members are assigned to Sheppard AFB. Thirty-six percent of their time is spent on training and 18 percent performing field emergency treatment functions. While providing training, they demonstrate such tasks as applying basswood or wire ladder splints, applying cravette or elastic bandages, controlling hemorrhages, utilizing personnel protective ground crew ensemble, and preventing or treating patients for shock.

Members of the subcluster are formal instructors assigned to Brooks and Sheppard AFBs. The course at Sheppard AFB provides basic coverage for AFSCs 902X0, 902X0A, and 902X0B responsibilities. Courses at Brooks AFB train C-shred personnel in performing flight physicals and A-prefix personnel in Aeromedical Evacuation. Seventy-three percent of the resident course instructor's time is spent directly on training. Nine tasks account for 50 percent of the instructor's time.

IX. Neurology Personnel (GRP263, N=27). This small group of 27 medical personnel perform a specialized job. Ninety-six percent hold a B-suffix and spend 44 percent of their time performing neurological tests and procedures. An additional 27 percent of their time is spent performing administrative functions. Typical tasks for cluster members include:

- perform EEG using hyperventilation activation
- perform EEG using photic stimulation activation
- measure patient's head and mark electrode sites
(using 10-20 system) for EEG
- detect and eliminate artifacts
- perform EEG using bipolar or differential montages

They perform an average of 81 tasks, with 39 tasks occupying 50 percent of their job time. Two divisions (one subcluster and one job type) were noted within the cluster. The groups differed in level of experience and supervisory responsibility.

X. Aeromedical Evacuation Cluster (AF 113, N=83). Most members of the Aeromedical Evacuation cluster are assigned to MAC. The prime mission for cluster members is aeromedical evacuation. They spend one-third of their job time on tasks necessary for airlifting patients. Representative tasks include:

- secure or tie down medical equipment on aircraft
- enplane or deplane patients
- make up litters
- prepare, maintain, and operate medical equipment or supplies for air evacuation
- perform patient care in-flight
- operate in-flight oxygen systems
- identify patient symptoms arising from physiological changes due to flight
- perform antihijack searches of patients and passengers
- perform preflight patient briefing
- serve in-flight meals

Two jobs were identified within the larger group of Aeromedical Evacuation Personnel. Of the 10 job type members, nine are assigned to Pope AFB. Members of the job type are more senior personnel with most holding the 7-skill level. They perform an average of 162 tasks, with more time spent on training and contingency activities than other cluster members. Tasks unique to this small group include:

- set up or take down ATC, ATH, or MASF (air transportable or mobile medical facilities)
- load or unload SME, ATC, ATH, or MASF for deployment
- review training programs of individuals
- escort SME, ATC, ATH, or MASF to deployment sites
- maintain training records
- construct or develop training material
- instruct trainers

The subcluster (N=61) is representative of the larger cluster. Eighty-five percent of the MAC personnel subcluster hold an A-prefix indicating assignment to an aeromedical evacuation facility.

COMPARISON AMONG JOB GROUPS

Nine clusters and one independent job type were identified in the career ladder structure analysis. Seven clusters and the independent job type represent the technical responsibilities of the career ladder. The remaining clusters represent managerial and training responsibilities.

The clusters representing the technical portion of the career ladder reflect the unshredded portion of the AFSC as well as the shreds specified in AFR 39-1. Specific clusters were identified for allergy (A-shred), neurology (B-shred), and aeromedical (C-shred). In addition, those performing tasks related to aeromedical evacuation (A-prefix) also grouped to form a separate cluster. The unshredded Medical Service personnel grouped into three clusters. These clusters basically denote a division between members performing outpatient, ward, and emergency room duties. A group of personnel performing in independent duty positions were identified within the Emergency Room Personnel cluster.

Career ladder jobs were also compared for difficulty using the JDI described in the Task Factor Administration section of this report. The JDI is calculated based on the number of tasks performed and the relative difficulty of those tasks. Members of the Emergency Room Personnel cluster have the highest JDI, 16.61, in the career ladder structure. As expected, they perform a broad range of tasks and perform the highest average number of tasks (range is 43 to 193). Career Ladder Managers, although performing fewer tasks, have a JDI of 15.47, indicating they perform a more complex job. The lowest JDI is found within the Outpatient Care cluster. Members working in Outpatient Care perform fewer tasks than other technical cluster members with 39 percent of their time spent on administrative functions. This cluster also has the highest number of females (57 percent).

While the job structure is based on tasks performed and time spent on those tasks, background data can provide useful additional information. For instance, the largest percentage of first-term personnel are found within the Ward Care personnel cluster (N=738) and the Aeromedical Staging Independent Job Type (N=14). A higher percentage of female personnel (57 percent) work within the Family Practice/Primary care cluster than any other job group. As would be expected the most senior personnel appear within the Career Ladder Managers cluster.

Overall, the jobs identified support the current structure of the career ladder. Personnel are performing within their career ladder designation. Job satisfaction and reenlistment potential generally are satisfactory.

ANALYSIS OF DAFSC GROUPS

An examination of DAFSC groups, in conjunction with the analysis of the specialty jobs, is an important part of each occupational analysis. The DAFSC analysis reveals similarities and differences between the various skill levels in relation to the tasks they perform and the relative time spent on particular duties. The information is used to evaluate the accuracy of career ladder documents, such as the Specialty Descriptions (AFR 39-1) and the Specialty Training Standard (SIS), as well as to determine potential training needs. Specific skill levels are discussed below for the basic AFSC 902X0.

AFSC 902X0

Table 5 shows the relative percent time spent on each duty across skill level groups. As shown, the 3- and 5-skill level personnel focus their time on patient care procedures. The 7-skill level begins to develop supervisory and training experience.

DAFSC 90230/90250. Three- and 5-skill level incumbents (N=1,473) spend almost half of their job time preparing for or performing patient care procedures. An additional 20 percent of their job time involves administrative functions. Their remaining time is divided among the other 18 duties included in the survey. Their most time-consuming tasks are:

- obtain and record temperature
- obtain and record blood pressure
- obtain and record body weight
- obtain and record radial pulse
- clean patient care area
- label specimens

The 3- and 5-skill level personnel perform many tasks in common (time spent overlap is 82 percent). The tasks which show differences between the AFSC 90230 and 90250 positions indicate more of the 5-skill level respond to emergency situations, while the 3-skill level perform routine patient care responsibilities. Table 6 presents representative tasks performed by these airmen.

DAFSC 90270. The 490 7-skill level technicians perform a broader range of duties. Thirty-seven percent of their time is spent in managerial duties such as organizing, planning, directing, inspecting, evaluating, and training. Their technical time is divided between administrative functions and patient care. Typical technical tasks include career ladder basics such as obtaining and recording blood pressure, temperature, body weight, and radial pulse. Representative tasks are presented in Table 7. The trend toward supervision is shown by tasks such as counseling subordinates on military or personal problems, orienting newly assigned personnel, and planning or scheduling work assignments.

AFSC 90299/90200. One hundred-three Medical Service Superintendents completed the job inventory. These respondents represent the second highest skill level in the AFSC 902X0 career ladder. Incumbents may reach the 9-skill level from either the unshredded track or one of the shreds. Ninety percent of their job time is devoted to management activities. For example, they counsel subordinates, conduct self-inspections, assign personnel to duty positions, interpret policies or directives, and direct administrative functions.

Forty-three CEMs also completed the job inventory. As would be expected, they represent the most senior group of Medical personnel averaging over 23 years military service. As with the 9-skill level personnel, they fulfill a managerial role for the Medical Service career ladder (95 percent of their job

TABLE 5
RELATIVE PERCENT TIME SPENT ON DUTIES BY DAFSC 902X0 GROUPS*

DUTY	TOTAL SAMPLE (N=2,109)	DAFSC 90230/50 (N=1,473)	DAFSC 90270 (N=490)	DAFSC 90299 (N=103)	DAFSC 90200 (N=43)
A ORGANIZING AND PLANNING	5	2	8	23	27
B DIRECTING AND IMPLEMENTING	6	3	10	23	24
C INSPECTING AND EVALUATING	5	2	10	22	24
D TRAINING	4	2	9	10	9
E PERFORMING ADMINISTRATIVE FUNCTIONS	19	20	19	13	11
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	-	-	-	-	-
G PREPARING FOR PATIENT CARE PROCEDURES	10	12	7	-	-
H PERFORMING PATIENT CARE PROCEDURES	28	33	19	2	1
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	1	1	1	2	1
J PREPARING AND ADMINISTERING INJECTIONS	2	2	2	1	-
K PERFORMING OUTPATIENT CLINICAL CARE	7	8	7	1	1
L PERFORMING WARD SERVICES	4	5	2	-	-
M PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	1	-	-	-	-
N PERFORMING ALLERGY TESTS AND PROCEDURES	-	-	-	-	-
O PERFORMING PHYSICAL EXAMINATIONS	2	2	1	1	1
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	1	1	2	1	-
Q PERFORMING ALLERGY EXTRACTS OR KITS	-	-	-	-	-
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	2	2	2	1	1
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	-	-	-	-	-
T ASSISTING HEALTH CARE PROVIDERS WITH DIAG- NOSTIC PROCEDURES	4	4	2	-	-

* Columns may not add to 100 percent due to rounding

- Indicates less than 1 percent

TABLE 6
REPRESENTATIVE TASKS PERFORMED BY DAFSC 90230/90250 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=1,473)
H476 OBTAIN AND RECORD BLOOD PRESSURES	90
H481 OBTAIN AND RECORD TEMPERATURES	87
H477 OBTAIN AND RECORD BODY WEIGHT	83
H480 OBTAIN AND RECORD RADIAL PULSE	77
H464 MAINTAIN STERILE FIELDS	76
E284 LABEL SPECIMENS	75
H436 CLEAN PATIENT CARE AREAS	74
H470 MOVE OR TRANSPORT PATIENTS	74
G359 PREPARE OXYGEN EQUIPMENT	69
H435 CHANGE DRESSINGS	68
G337 INSPECT AND RESTOCK EMERGENCY CARTS	68
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	67
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	67
H455 IDENTIFY PROBLEMS AND NEEDS OF PATIENTS	66
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	65
G387 SET UP INTRAVENOUS EQUIPMENT	64
T906 OBTAIN URINE SPECIMENS	63
G354 PREPARE ICE BAGS	63
G342 PREPARE COLD COMPRESSES	62
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	61
H393 ADMINISTER BED PANS OR URINALS	61
H441 ESTABLISH POSITIVE PATIENT RAPPORT	60
H427 APPLY TAPE OR NONELASTIC BANDAGES	60
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	60
H390 ACCOMPANY PATIENTS TO APPOINTMENTS OR PROCEDURES	59
H426 APPLY SUCTION TO PATIENTS	59

TABLE 7
REPRESENTATIVE TASKS PERFORMED BY DAFSC 90270 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=490)
H476 OBTAIN AND RECORD BLOOD PRESSURES	80
C117 PREPARE APRs	78
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL MATTERS	78
H481 OBTAIN AND RECORD TEMPERATURES	77
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	74
H477 OBTAIN AND RECORD BODY WEIGHT	73
H480 OBTAIN AND RECORD RADIAL PULSE	68
H470 MOVE OR TRANSPORT PATIENTS	67
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	66
H464 MAINTAIN STERILE FIELDS	66
E284 LABEL SPECIMENS	65
A17 ESTABLISH WORK PRIORITIES	65
A13 ESTABLISH EQUIPMENT OR SUPPLY LEVELS	65
C93 CONDUCT SELF-INSPECTIONS	65
D141 MAINTAIN TRAINING RECORDS	64
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	64
H455 IDENTIFY PROBLEMS AND NEEDS OF PATIENTS	64
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	64
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANI- TATION, CLEANLINESS, OR NEATNESS	62
H436 CLEAN PATIENT CARE AREAS	62
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	62
H441 ESTABLISH POSITIVE PATIENT RAPPORT	61
D129 CONDUCT GJT	61
G337 INSPECT AND RESTOCK EMERGENCY CARTS	61
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	60

time). The Medical superintendent and the CEM perform many of the same tasks. The CEM, however, is more apt to perform such tasks as supervise AFSC 90299 personnel, plan and coordinate medical treatment, plan and conduct medical facility tours, screen solicitations or advertising media, initiate request for official or commercial publications, or participate in training workshops or conferences.

An additional 12 superintendents and CEMs on flying status (A-Prefix) were also identified. Despite their flying status, their time is spent in supervision and management activities. They perform the same role as other career ladder managers.

Tables showing relative time spent on duties and representative tasks for each of the Aeromedical Evacuation (AFSC A902X0), Allergy (AFSC 902X0A), Neurology (AFSC 902X0B), Aeromedical (AFSC 902X0C), and superintendents and Chief Enlisted Managers are given in Appendix B.

A-Prefix

The Medical Service career ladder personnel are involved in several specific areas of responsibility. For instance, personnel assigned an A-Prefix, denoting flight status, must complete 1 year of practical experience in the care and treatment of hospitalized patients and complete an Aeromedical Evacuation course. One hundred-eight members were identified with an A-prefix. Of these respondents, 88 percent are assigned to MAC. The 3-, 5- and 7-skill level personnel perform a technical job, with the 7-skill level job expanding to a supervisory position. Technical tasks performed include securing or tying down medical equipment on aircraft, making up litters, enplaning or deplaning patients, and performing patient care in-flight.

A-Shred

A-shred personnel (N=140) are responsible for performing both allergy and immunization tasks. The shred designation appears appropriate, based on time spent in duty areas involving allergy and immunization functions. All skill levels spend the majority of their time on technical duties. While 67 percent of the 7-skill level indicate they supervise, they spend only about a fourth of their duty time performing managerial tasks. All skill levels perform such tasks as preparing and administering injections or vaccines, observing patient reactions, counseling patients, consulting with physicians, and maintaining allergy record files and immunization rosters.

B-Shred

A total of 28 incumbents with the B-shred were included in the survey sample. The B-shred's time is concentrated on tasks involving neurological tests and procedures. Twenty-nine tasks occupy 50 percent of their job time. They perform a more restrictive job than other members of the Medical Service

career ladder. In addition to performing many of the same technical tasks, the technician also acts as a first line supervisor.

C-Shred

Aeromedical personnel (C-shred personnel) work within the Flight Surgeon's office to provide medical assistance to flyers, missile alert crew members and air traffic control personnel. Six hundred fifty-three C-shred personnel completed the AFSC 902X0 inventory. The Aeromedical Specialist's job time is focused on doing administrative tasks and giving flight physicals. Fifty-seven percent indicate their job is structured around performing flight physicals, while 38 percent indicate the essence of their job is accomplished within the Flight Surgeon's office (administrative tasks). The Aeromedical Technician spends more time on supervisory and administrative tasks. Fifty-four percent indicate they work in the Flight Surgeon's office and 37 percent indicate their prime function is performing physical exams. This is a reversal of the pattern for the specialist level.

Basically, the 3- and 5-skill level personnel assigned as Medical Service specialists perform a highly technical job, while the 7-skill levels perform as supervisors as well as technicians. Career ladder management is performed by AFSC 90299 and 90200 personnel.

ANALYSIS OF AFSC 902X0 AFR 39-1 SPECIALTY DESCRIPTIONS

Survey data were compared to the AFR 39-1 Specialty Descriptions for the Medical Service career ladder, AFSC 902X0. These descriptions are intended to give a broad overview of the duties and tasks performed in each skill level of a specialty. The specialty descriptions appear to adequately reflect the responsibilities of the Medical Service positions. Three- and 5-skill level personnel are accomplishing the basic technical skills, while the 7-skill level personnel assume a more advisory role in the performance of technical tasks. While the descriptions are accurate, the tasks concerning environmental health inspections and examinations were performed by low percentages of survey respondents. If this area is no longer a responsibility of the Medical Service personnel, it could be deleted from the descriptions.

Recodification

In 1981, the Medical Service career ladder was reorganized to include Allergy, Neurology, and Aeromedical personnel as shreds to AFSC 902X0. Currently, Aeromedical personnel (C-shred) are proposing separation from the Medical Service career ladder, establishing their own AFSC. C-shred personnel presently receive their basic course training at Brooks AFB rather than Sheppard.

OSR data do not present a clear-cut conclusion regarding separation of the C-shred from the career ladder. Based on AFR 39-1 and subsequently the STS, shred personnel are responsible for the basic AFSC as well as their shred function. The career ladder structure analysis clearly distinguishes each shred in addition to personnel performing aeromedical evacuation duties. Each of these job clusters is comprised of at least 85 percent of a single designation (prefix or suffix). This finding supports the present shred designation and A-prefix. Few inventory tasks (28 out of 916 tasks) are actually performed by at least 20 percent across groups. C-shred and basic Medical Service personnel perform 113 common tasks (at least 20 percent of each group). The common technical tasks relate to patient rapport, vital signs, and emergency procedures. Most of the common tasks fall within managerial rather than technical areas. Lack of commonality may be attributed to the design of the inventory since specific sections were written for each shred as well as to cover the general medical service responsibilities such as outpatient, ward, and emergency room care.

Overlap figures based on time spent on tasks performed show a slightly different picture. For instance, the time spent overlap for the 1-48 month TAFMS groups for the basic and the C-shred is 37 percent. For the 5-skill level, the overlap is 42 percent. A comparison at the 7-skill level for these two groups shows a 55 percent overlap. When 5-skill level personnel with an A-prefix are compared with the basic AFSC, they overlap on 41 percent of time on their jobs. Five-skill level A-shred personnel show a 33 percent time spent overlap with the basic Medical Service personnel, while B-shred personnel show an overlap of 26 percent time spent. These figures do indicate some commonality of time and tasks.

In many ways the Aeromedical shred is presently independent of the basic AFSC 902X0. Aeromedical personnel receive their training through Air Force Systems Command at Brooks AFB rather than Air Training Command. In addition, they do not take the basic AFSC 902X0 Specialty Knowledge Test (SKT) for upgrading, but a shred-specific SKT is developed for them.

C-shred personnel currently express lower job interest and reenlistment potential than when last surveyed in 1977 and lower job satisfaction than other AFSC groups. Whether or not this decrease in satisfaction is related to the recodification in 1981 is not discernible from OSR data.

Other considerations, such as assignments, may have an important input for career ladder restructuring decisions. Personnel within each of the shreds perform unique jobs. If members are assigned only within their shred and there are sufficient personnel to support a career ladder, separation would not be a problem. If personnel receive follow-on assignments in and out of their shreds, this could create a loss of broad medical service experience in the available manpower pool.

The OSR findings generally support the present career ladder structure in that personnel are performing within the basic AFSC or their shred. Whether or not personnel transfer their shred skills back and forth between the basic AFSC is not discernible from OSR data.

SPECIALTY TRAINING

Occupational survey data are a source of information which may be used to determine requirements for training and relevancy of training documents. OSR factors which may be used to evaluate training are primarily percent members performing tasks, and secondarily training emphasis (TE) and task difficulty (TD) ratings. TE ratings indicate which tasks experienced personnel in the career ladder feel are important for newly enlisted members to know in order to be able to do their job. These ratings do not necessarily imply that training must be in a resident course; training may be provided through such means as OJT, FTD, and CDCs. Senior personnel rate each task on a scale of 0 through 9; 0 indicating no training is required and 9 a very high emphasis should be placed on training that task. These ratings are processed to produce a rank-order listing of tasks from high degree of emphasis to no training required. The TD ratings provide a guide as to how difficult the task is to learn. The average TD rating is set to 5 so this value can be used as a reference to determine how much time will be needed to teach task knowledge or performance. These factors may assist managers in determining the most appropriate tasks to train and the most appropriate type of training: formal training (structured), Career Development Course (CDC), or OJT (supplementary or advanced).

First-Enlistment Personnel

First enlistment personnel are the target group for the initial resident training course. OSR data provide information which can be used by training personnel to develop or evaluate training programs. For example, percent members performing task data are available for first job (1-24 months TAFMS) and first enlistment (1-48 months TAFMS) groups. Background data provide such information as areas where they work and equipment used. Data from the career ladder structure analysis show the types of jobs being performed by newly assigned airmen. TE and TD ratings provide a consensus of opinion from experienced rater in what they consider important for training and how difficult the tasks are to learn.

These data are especially important for this AFSC as first enlistment personnel comprise half of the Medical Service career ladder. The following discussions describe the responsibilities and background information on the AFSC 902X0 first enlistment groups.

AFSC 902X0. First enlistment personnel (N=1,047) spend half of their job time performing or preparing for patient care procedures. An additional 19 percent of their time is spent on administrative tasks. Their remaining time is divided among various other duty areas. They perform an average of 113 tasks. For example, they obtain and record blood pressure, temperature, body weight, and radial pulse. They move or transport patients and clean patient areas.

Sixty-nine percent are assigned to a USAF Hospital or Regional Hospital. Within the hospital setting, their duty functions vary. For example, they may be assigned to the Emergency Room, Obstetrics, Medical Ward, Surgical Ward, or

Inpatient Care. A list of equipment used by 1-48 month AFSC 902X0 personnel is given in Table 8.

Table 9 lists the 25 tasks with the highest TE ratings. These tasks illustrate the type of performance or knowledge considered important for training by senior technicians. These examples also illustrate the various types of data (percent members performing, training emphasis, and task difficulty) which can be used to evaluate training documents. In Table 9, all of the tasks shown are two standard deviations above the mean, which indicates these tasks should be considered for training. Several of these tasks reflect less than 30 percent of the first term members performing because they involve emergency treatment. Criticality is usually a consideration when assigning a TE value and this may be reflected in the high ratings received by these emergency requirements, even though actual frequency of performance may be low. All but one of these tasks low in performance have a high TD rating, indicating there are also difficult tasks to learn. This suggests these tasks are appropriate for some form of structured training.

AFSC A902X0. Fifteen of the 17 first-termers with aircrew status are assigned to a MAC Aeromedical Evacuation Squadron. Their job time is spent performing aeromedical functions (30 percent), patient care procedures (24 percent), and administrative functions (13 percent). The tasks performed characterize their unique position. For example, members secure or tie down medical equipment or aircraft, enplane or deplane patients, configure aircraft to receive patients, and perform patient care in flight. Frequently used equipment is shown in Table 10.

Personnel within the Medical Service career ladder must attend an aeromedical evacuation course before being assigned the A-prefix. Although this is not a basic course for entering personnel, TE ratings can assist training personnel in determining which tasks aircrew members should know. A total of 209 tasks were rated high in TE by Aeromedical Evacuation technicians. Table 11 lists the tasks with the highest ratings. The tasks rated high in TE reflect the dual role performed by the A-prefix incumbents. For example, while they currently perform tasks directly related to air evacuation responsibilities, their next assignment could be as a member of the basic medical service group with no aircrew responsibilities. The TE ratings reflect their responsibilities as aircrew members and as members of the basic Medical Services group. Some of the tasks rated high in TE have low percent members performing; however, of the top 25 tasks, all but one is rated above average by both the A-prefix and the unshredded personnel. The one task that does not have a high rating by the basic AFSC 902X0 is unique to air evacuation.

AFSC 902X0A. While averaging 99 tasks, AFSC 902X0A first enlistment personnel (N=54) devote their time to preparing and administering injections (27 percent); performing administrative functions (20 percent); performing patient care (15 percent); performing allergy tests and procedures (8 percent); and preparing extracts and kits (8 percent). Typical tasks involve administering injections, tuberculin skin tests, and allergy extracts; annotating or updating immunization rosters; preparing medications; and observing reaction of patients after injections. Equipment used by first term personnel is given

TABLE 8
EQUIPMENT USED BY AFSC 902X0
FIRST-ENLISTMENT PERSONNEL

EQUIPMENT	PERCENT MEMBERS USING (N=1,047)
STETHOSCOPES	93
WHEEL CHAIRS	88
SYRINGES, OTHER THAN EAR LAVAGE	86
ELECTRIC THERMOMETERS	85
SCALES	82
OXYGEN EQUIPMENT	81
SUCTION EQUIPMENT	80
COLD PACKS	71
AMBU BAGS	70
ELECTROCARDIOGRAPHIC MACHINES	70
GURNEYS	70
TAPE MEASURES	63
AIRWAYS	62
HEATING PADS	62
LITTERS	61
RESTRAINTS	61
BLOOD PRESSURE CUFF, OTHER THAN ELECTRONIC	59
NEBULIZERS	59
CARDIAC MONITORS	58
INFUSION PUMPS	57
HUMIDIFIERS	55
DEFIBRILLATORS	51
BACK BOARDS	48
LARYNGOSCOPES	45
DOPPLERS	41
AMBULANCES, OTHER THAN CRASH	39
SURGICAL LAMPS	39
INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINES	35
COPY MACHINES	34
EAR LAVAGE SYRINGES	34
OTOSCOPES	34
TRACTION SPLINTS	34
TYPEWRITERS	34

TABLE 9

EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 902X0 PERSONNEL

TASKS	TRNG EMPH*	PERCENT FIRST ENLIST PERFORMING	TASK DIFF**
H487 PERFORM CARDIOPULMONARY RESUSCITATION (CPR)	7.94	49	6.30
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	7.44	24	6.70
H464 MAINTAIN STERILE FIELDS	7.18	79	4.81
G387 SET UP INTRAVENOUS EQUIPMENT	6.84	66	4.96
H466 MEASURE AND RECORD INTAKE AND OUTPUT	6.84	57	4.35
H470 MOVE OR TRANSPORT PATIENTS	6.71	77	4.49
H434 ATTACH CARDIAC MONITORING LEADS TO PATIENTS	6.67	54	4.19
G359 PREPARE OXYGEN EQUIPMENT	6.65	73	4.76
H449 IDENTIFY AND CARE FOR RESPIRATORY DISTRESS	6.65	49	6.31
H441 ESTABLISH POSITIVE PATIENT RAPPORT	6.63	59	4.76
R849 PREVENT OR TREAT PATIENTS FOR SHOCK	6.59	28	5.60
H476 OBTAIN AND RECORD BLOOD PRESSURES	6.56	92	3.45
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMATIC REACTIONS			
H435 CHANGE DRESSINGS	6.51	20	6.48
H426 APPLY SUCTION TO PATIENTS	6.49	70	4.21
H451 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYNCOPE	6.48	62	5.25
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	6.38	26	5.82
K620 TAKE THROAT CULTURES	6.38	24	6.33
H459 INSERT URINARY CATHETERS	6.38	54	3.44
K578 APPLY STERILE DRESSINGS	6.35	54	6.07
G337 INSPECT AND RESTOCK EMERGENCY CARTS	6.33	46	4.76
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	6.32	70	4.78
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	6.29	27	5.69
K619 SUTURE LACERATIONS	6.29	63	5.31
I522 LOAD LITTERS INTO CRASH AMBULANCE	6.25	23	6.47
	6.24	24	4.20

* Training emphasis average is 2.57, with SD of 1.80

** Task difficulty average is 5.0, with SD of 1.0

Interrater reliability was .96 for 63 raters

TABLE 10
EQUIPMENT USED BY AFSC A902X0
FIRST-ENLISTMENT PERSONNEL

EQUIPMENT	PERCENT MEMBERS USING (N=17)
AIRWAYS	94
AMBU BAGS	94
BLOOD PRESSURE CUFF, OTHER THAN ELECTRONIC	94
DEFIBRILLATORS	94
LITTERS	94
STETHOSCOPES	94
SUCTION EQUIPMENT	94
LARYNGOSCOPES	88
OXYGEN EQUIPMENT	88
RESTRAINTS	88
AIR EVACUATION RESPIRATORS/EQUIPMENT	82
AIR EVACUATION RESTRAINT SETS	82
CARDIAC MONITORS	82
COLD PACKS	82
COLLINS TRACTION DEVICES	82
PORTABLE LOX CONVERTERS	82
CAST CUTTERS	77
HUMIDIFIERS	77
NEBULIZERS	77
SYRINGES, OTHER THAN EAR LAVAGE	77
ELECTRONIC BLOOD PRESSURE CUFFS	71
BACK BOARDS	59
OTOSCOPES	59
OPHTHALMOSCOPES	53
THERAPEUTIC AIRBORNE TREAT STATION (TATS)	58
TURNING FRAMES	55
VOLUME VENTILATORS	47

TABLE 11
EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC A902X0 PERSONNEL

TASKS	TRNG EMPH*	PERCENT FIRST ENLIST PERFORMING	TASK DIFF**
H464 MAINTAIN STERILE FIELDS	7.75	29	4.81
H469 MONITOR PATIENTS ON ASSISTED VENTILATION	7.67	42	5.67
H490 PERFORM ISOLATION OR REVERSE ISOLATION TECHNIQUES	7.58	24	5.09
H476 OBTAIN AND RECORD BLOOD PRESSURES	7.50	100	3.45
H487 PERFORM CARDIOPULMONARY RESUSCITATION (CPR)	7.50	71	6.30
H449 IDENTIFY AND CARE FOR RESPIRATORY DISTRESS	7.33	53	6.31
H439 DISPOSE OF CONTAMINATED MATERIAL	7.17	24	4.28
H441 ESTABLISH POSITIVE PATIENT RAPPORT	7.17	41	4.76
H426 APPLY SUCTION TO PATIENTS	7.08	65	5.25
H466 MEASURE AND RECORD INTAKE AND OUTPUT	7.08	71	4.35
H480 OBTAIN AND RECORD RADIAL PULSE	7.08	71	2.94
L630 PERFORM TERMINAL DISINFECTION OF PATIENT UNITS	7.08	0	3.91
G339 PERFORM OPERATOR MAINTENANCE OF THERAPEUTIC EQUIPMENT	7.00	53	5.13
G387 SET UP INTRAVENOUS EQUIPMENT	7.00	47	4.96
H470 MOVE OR TRANSPORT PATIENTS	7.00	76	4.49
H472 OBSERVE AND REPORT ON PATIENTS IN SERIOUS OR CRITICAL CONDITION	7.00	47	6.01
H475 OBTAIN AND RECORD APICAL PULSE	7.00	71	3.63
H481 OBTAIN AND RECORD TEMPERATURES	7.00	65	2.72
H434 ATTACH CARDIAC MONITORING LEADS TO PATIENTS	6.92	65	4.19
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	6.92	35	6.70
H467 MONITOR BLOOD TRANSFUSIONS	6.92	6	5.15
L635 TURN PATIENTS USING STRYKER FRAMES	6.92	47	4.84
H435 CHANGE DRESSINGS	6.83	12	4.21
H459 INSERT URINARY CATHETERS	6.83	18	6.07
L621 ADMIT AND ORIENT PATIENTS TO WARDS	6.83	0	3.57

* Training emphasis average is 2.48, with SD of 2.18

** Task difficulty average is 5.0, with SD of 1.0

Interrater reliability was .90 for 12 raters

in Table 12. Ninety-three percent (N=54) indicate their functional duty is Allergy/Immunology.

Tasks rated highest in TE are given in Table 13. Personnel with an A-shred normally attend a special follow-on course (non Air Force). They are thus responsible for knowledge and performance as a medical service member and as an allergy/immunology member. The tasks rated high in TE primarily involve allergy/immunology functions. Those tasks rated high in TE, together with percent members performing can provide a base to determine whether AF personnel receive training needed for their jobs and to determine which tasks should be emphasized for OJT. A total of 133 tasks were rated above average.

AFSC 902X0B. The nine first-enlistment incumbents identified within the B-shred spend over half of their job time performing neurological tests and procedures. In addition, they spend 27 percent of their job time on administrative functions. They perform a specialized job which includes preparing, performing, and annotating results of various EEGs. In addition to the technical portion of their job, they schedule appointments, maintain appointment books, and prepare or submit daily patient count statistics. Representative equipment used is listed in Table 14.

Neurology personnel generally receive follow-on training (non Air Force) before being awarded the B-shred. Members perform a very concentrated job, performing almost exclusively in their shred duty. As shown in Table 15, the tasks with high TE ratings are also indicative of high percentages of members performing at the 5-skill level. Sixty-six tasks were rated high in TE. Along with percent members performing and TD ratings, tasks rated high in TE can be used as a basis for evaluating training Air Force personnel receive from other channels and to determine Air Force OJT requirements.

AFSC 902X0C. Three hundred thirty-eight first enlistment personnel assigned a C-shred were included in the survey sample. These incumbents operate within the flight surgeon's office. While performing an average of 120 tasks, they spend their time basically performing physical examinations and administrative functions. First enlistment personnel perform the same type of physical exams as their more experienced counterparts. Tasks performed include conducting eye exams, performing and interpreting audiograms, and initiating or annotating medical forms. Equipment used by C-shred first termers is shown in Table 16.

Table 17 lists the top 25 tasks indicated as most important for first-term training. Most C-shred personnel attend a basic aeromedical course at Brooks AFB (They do not attend the basic course at Sheppard AFB). The tasks shown have very high TE (two standard deviations above the mean) and about half of the first-term personnel performing, which indicates these tasks should be considered important for training. In all, 149 tasks were rated high in TE (3.55 or above).

TABLE 12

EQUIPMENT USED BY AFSC 902X0A
FIRST-ENLSITMENT PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS USING (N=54)</u>
SYRINGES, OTHER THAN EAR LAVAGE	91
BLOOD PRESSURE CUFF, OTHER THAN ELECTRONIC	83
STETHOSCOPES	69
AMBU BAGS	65
OXYGEN EQUIPMENT	65
AIRWAYS	61
COLD PACKS	57
AMBULANCES, OTHER THAN CRASH	56
TYPEWRITERS	56
COPY MACHINES	54
AUTO-JET INJECTORS	41
GURNEYS	39
SUCTION EQUIPMENT	39
LAMINAR FLOW HOODS	32
SCALES	32
WHEEL CHAIRS	32
LITTERS	30
MICROSCOPES	30
ELECTRIC THERMOMETERS	28
PULMONARY FUNCTION TESTING EQUIPMENT	28
RADIO EQUIPMENT	22
POLLEN COLLECTION EQUIPMENT	19
TAPE MEASURES	19
NEBULIZERS	19
CRASH RESCUE EQUIPMENT KITS	15
INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINE	15
DEFILRILLATORS	15
CRASH AMBULANCES	15
OTOSCOPES	13
BACK BOARDS	13
CARDIAC MONITORS	13
ELECTROCARDIOGRAPHIC	13
CRASH RESCUE EQUIPMENT KITS	15

TABLE 13

EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 902X0A PERSONNEL

TASKS	TRNG EMPH*	PERCENT FIRST ENLIST PERFORMING	TASK DIFF**
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	7.72	87	6.70
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMIC REACTIONS	7.20	87	6.48
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	6.95	89	4.39
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	6.92	91	4.19
Q826 MIX PATIENT'S FULL STRENGTH ALLERGY EXTRACT USING WEIGHT BY VOLUME SYSTEM	6.92	44	6.69
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	6.90	87	4.48
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	6.85	87	4.91
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	6.82	93	4.35
H391 ADMINISTER ALLERGY EXTRACTS	6.77	89	5.31
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	6.74	78	5.69
J548 ADMINISTER INTRADERMAL INJECTIONS	6.72	87	4.57
Q824 MIX EXTRACTS FOR ALLERGY TESTING	6.64	39	6.55
Q828 MIX SERIAL DILUTIONS USING WEIGHT BY VOLUME SYSTEM	6.64	54	6.62
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	6.62	91	5.70
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	6.59	87	4.71
N664 ADMINISTER INTRADERMAL TESTS	6.59	68	5.01
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR AFFECTS	6.54	91	4.55
Q833 REVIEW ALLERGY EXTRACT PRESCRIPTIONS FOR ACCURACY	6.54	67	5.41
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	6.44	91	4.14
J554 ADMINISTER TUBERCULIN SKIN TESTS	6.31	91	3.58
Q821 INSTRUCT PATIENTS ON PROPER CARE OF ALLERGY EXTRACTS	6.28	72	4.78
Q823 LABEL ALLERGY EXTRACT VIALS	6.10	67	4.16
Q834 REVIEW AND MAKE DISPOSITIONS FOR REFILL REQUESTS	6.00	61	5.07
N666 ADMINISTER PRICK TESTS	5.95	76	4.56
Q822 ISSUE ALLERGY EXTRACT KITS	5.90	46	4.29

* Training emphasis average is 1.18, with SD of 1.64

** Task difficulty average is 5.0, with SD of 1.0

Interrater reliability was .96 for 39 raters

TABLE 14
EQUIPMENT USED BY AFSC 902X0B FIRST-ENLISTMENT PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS USING (N=9)</u>
ELECTROENCEPHALOGRAPH MACHINES	100
TAPE MEASURES	100
COPY MACHINES	78
STROBE UNITS	78
IMPEDANCE METERS	67
TYPEWRITERS	56
BLOOD PRESSURE CUFF, OTHER THAN ELECTRONIC	44
EVOKED POTENTIALS MACHINES	44
STETHOSCOPES	44
WHEEL CHAIRS	44
VISION TEST APPARATUS-NEAR AND DISTANCE (VTA-ND) TESTERS	33
AUDIOVISUAL EQUIPMENT	22
ELECTROMYOGRAPH MACHINES	22
LITTERS	22
AMBULANCES, OTHER THAN CRASH	11
AUDIO BOOTHS	11
BACK BOARDS	11
ELECTROCARDIOGRAPHIC MACHINES	11
RESTRAINTS	11
VISION TEST APPARATUS-COLOR THRESHOLD TESTERS (VTA-CTT)	11

TABLE 15

EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 902X0B PERSONNEL

TASKS	TRNG EMPH*	PERCENT 5-SKILL PERFORMING	TASK DIFF**
S861 DETECT AND ELIMINATE ARTIFACTS	8.10	100	5.85
S870 PERFORM BEDSIDE EEGS	7.30	100	6.16
S877 PERFORM ELECTROCEREBRAL SILENCE EEG	7.20	83	6.95
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	7.00	100	6.09
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	7.00	100	5.98
S875 PERFORM EEG USING PHOTIC STIMULATION ACTIVATION	7.00	100	6.05
S886 PREPARE NEURODIAGNOSTIC EQUIPMENT FOR DESIRED EXAMINATION	7.00	50	5.68
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	6.90	100	6.01
S884 PREPARE ELECTRODE SITES FOR EEG	6.90	100	5.45
S888 UTILIZE SPECIAL ELECTRODE PLACEMENTS TO DOCUMENT PHYSIOLOGICAL ARTIFACT			
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMATION	6.90	75	6.24
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10-20 SYSTEM) FOR EEG	6.80	100	6.11
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	6.70	100	5.66
S857 APPLY PAST ELECTRODES FOR EEG	6.70	83	5.63
S860 DESIGN AND IMPLEMENT MONTAGES, TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	6.60	100	4.52
S859 CHECK ELECTRODES' IMPEDANCE	6.60	92	6.07
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	6.50	100	4.93
S871 PERFORM EEG USING AVERAGE REFERENCE RECORDING TECHNIQUES	6.40	83	5.83
S887 PROVIDE CARE FOR NEUROLOGICAL PATIENTS	6.10	67	5.69
S882 PERFORM SLEEP ACTIVATION EEGS	6.00	83	6.00
S876 PERFORM EEG USING TRIANGULATION MONTAGES	5.90	100	6.12
S866 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES FOR VISUAL EVOKED POTENTIALS (VEP)	5.70	58	6.22
S855 APPLY ELECTRODES FOR EVOKED POTENTIALS	5.60	42	5.57
S867 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES FOR BRAINSTEM AUDITORY EVOKED POTENTIAL (BAEP)	5.50	42	5.60
S878 PERFORM EVOKED POTENTIALS USING APPROPRIATE MONTAGES	5.50	42	5.70
	5.50	42	6.49

* Training emphasis average is .44, with SD of 1.25

** Task difficulty average is 5.0, with SD of 1.0

Interrater reliability was .92 for 10 raters

TABLE 16

EQUIPMENT USED BY AFSC 902X0C FIRST-TERM PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS USING (N=338)</u>
BLOOD PRESSURE CUFF, OTHER THAN ELECTRONIC	99
VISION TEST APPARATUS-NEAR AND DISTANCE (VTA-ND)	
TESTERS	94
AUDIO BOOTHS	93
COLOR VISION CHARTS	91
STETHOSCOPES	91
CRASH AMBULANCES	89
DEPTH PERCEPTION APPARATUS-VERHOFF (DPAV)	89
SCALES	82
VISION TEST APPARATUS-COLOR THRESHOLD TESTERS (VTA-CTT)	81
PULMONARY FUNCTION TESTING EQUIPMENT	80
ELECTRIC THERMOMETERS	78
AUDIOMETERS	77
LITTERS	77
COPY MACHINES	76
PRINCE RULES	76
TYPEWRITERS	74
CRASH RESCUE EQUIPMENT KITS	69
EAR LAVAGE SYRINGES	68
RADIO EQUIPMENT	68
BACK BOARDS	64
MEDICAL ANTI-SHOCK TROUSER (MAST)	64
TAPE MEASURES	64
TRACTION SPLINTS	64
OXYGEN EQUIPMENT	62
PNEUMATIC SPLINTS	62
RED LENS TESTERS	62
AMBU BAGS	60
BODY BAGS	59
AIRWAYS	57
OCCLUDERS	54
FARNSWORTH LANTERN (FALANT)	53

TABLE 17

EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 902XOC PERSONNEL

TASKS	TRNG EMPH*	PERCENT 5-SKILL PERFORMING	TASK DIFF**
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAMINATION)	7.52	80	5.15
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	7.40	77	5.05
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	7.25	80	5.92
E307 PREPARE AF FORMS 1042 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY)	7.10	74	4.65
I522 LOAD LITTERS INTO CRASH AMBULANCE	7.10	80	4.20
I518 DRIVE CRASH AMBULANCES	7.05	72	4.51
0711 INTERVIEW EXAMINEES FOR INTERVAL OR INDICATED HISTORIES	7.02	69	5.29
0709 DETERMINE PHYSICAL QUALIFICATIONS OR DISQUALIFICATIONS OF EXAMINEES	6.90	67	6.67
0722 PERFORM EYE EXAMINATIONS BY USING VISION TESTING APPARATUS-NEAR DISTANT (VTA-ND TESTERS)	6.88	84	4.52
I516 DETERMINE LOCATIONS USING GRID MAPS	6.80	55	5.32
0710 INSTRUCT EXAMINEE ON PREPARATION OF PHYSICAL EXAMINATION FORMS	6.80	78	4.43
E191 INITIATE OR ANNOTATE AF FORMS 1446 (MEDICAL EXAMINATION-FLYING PERSONNEL)	6.72	62	4.04
0716 PERFORM AND INTERPRET AUDIOGRAMS	6.72	62	4.49
0713 MAKE DISTRIBUTION OF PHYSICAL EXAMINATION FORMS	6.67	70	4.36
0712 MAKE DISTRIBUTION OF AF FORMS 1042 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY)	6.65	71	4.02
I542 UNLOAD LITTERS FROM CRASH AMBULANCE	6.63	72	3.95
0739 REVIEW MEDICAL RECORDS	6.63	82	5.23
I529 PERFORM HAND OR LITTER CARRIES	6.62	66	4.07
0703 ASSESS PERSONNEL UNDER CORONARY ARTERY RISK EVALUATION (CARE) PROGRAM	6.62	63	5.10
0715 PERFORM ACCOMMODATION EYE EXAMINATIONS	6.60	78	4.15
0728 RESEARCH MEDICAL RECORDS FOR INTERVAL OR INDICATED HISTORIES	6.58	68	5.25
0729 PERFORM POINT OF CONVERGENCE EYE EXAMINATIONS	6.55	79	4.06
0718 PERFORM DEPTH PERCEPTION APPARATUS-VERHOFF (DPA-V) OR HOWARD- DOLMAN (H-D) SPECIAL DEPTH PERCEPTION TESTS	6.53	75	4.39
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COMPLETENESS	6.52	78	5.25
I526 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	6.47	78	4.57

Training emphasis average is 1.75, with SD of 1.80

** Task difficulty average is 5.0, with SD of 1.0

Training Documents

Percent members performing tasks, along with TE and TD, were used to evaluate the AFSC 902X0 Specialty Training Standard (STS), which covers the entire Medical Service specialty with specific sections included for each shred. Personnel with Aeromedical Evacuation, Allergy/Immunology, Neurology, and Aeromedical experience, as well as basic AFSC 902X0 personnel, matched inventory tasks to appropriate sections of the STS. Survey data were also used to evaluate the Plan of Instruction (POI) for the basic course at Sheppard AFB and the Aeromedical Course for C-shred personnel at Brooks AFB. Personnel from respective schools matched inventory tasks to appropriate sections of the two POIs. Based on this matching, computer listings displaying percent members performing, TE and TD ratings were obtained for each functional career ladder group. These computer products are contained in the Training Extracts, which are provided for the training manager's review.

902X0 Specialty Training Standard (STS)

The STS 902X0 (May 1985) covers the AFSC 90230/50/70 and shreds A, B, and C. STS paragraphs 1 through 12 denote responsibilities for the entire career ladder; paragraph 14, A-shred only, paragraph 15, B-shred only; and paragraph 16, C-shred only. In addition, STS paragraph 12 covers Aeromedical Evacuation tasks and knowledges which are furnished in a mandatory course. STS paragraph 13 describes requirements for personnel assigned to independent duty which is also covered in a mandatory course. Presently CDC and SKT coverage is not required for personnel assigned to Aeromedical Evacuation, Independent Duty, Allergy/ Immunology or Neurology.

To review the current STS, computer products were generated for each shred; the basic AFSC; and for the A-prefix, Aeromedical Evacuation personnel. A copy of the computer products for each functional area is included in the Training Extracts. Information in the printouts includes TE, TD, and percent members performing for first-job, first-enlistment, 5- and 7-skill level groups as appropriate. Tasks not matched to any elements of the STS are listed at the end of the STS display.

The majority of the STS elements for the career ladder are supported at some level by survey data. Elements with matched tasks reflecting low performance are given in Table 18. The areas not supported by survey data should be reviewed by training personnel to determine their present relevancy. Currently, the STS for members of AFSC 902X0 specialty is being reviewed and updated by career ladder personnel. A detailed review of the tentative STS has been made and current survey data have been provided. The tentative STS follows the new format established in AFR 8-13. Supervision and on-the-job training, not in the current STS, have been added per the regulation. Since the STS covers the unshredded portion of the specialty, plus the three shreds, A-prefix, and an independent duty group there is substantial redundancy. Responsibilities have been duplicated in paragraphs describing the basic AFSC 902X0 and for shreds or job specific areas such as Aeromedical Evacuation and Independent Duty. Areas which overlap, such as administrative procedures,

TABLE 18

SPECIALTY TRAINING STANDARD ELEMENTS WITH
LOW PERCENT MEMBERS PERFORMING*

8F(6)	MEASURE AND RECORD ORTHOSTATIC VITAL SIGNS
8K(6)	PERFORM VAGINAL DOUCHE FOR MEDICATION DELIVERY
8K(11)	SET UP AND REGULATE INFUSION PRESSURE BAGS
8K(19)	INSTILL OPHTHALMIC DROPS
8K(20)	INSTILL OTIC DROPS
8L(1)(J)	ASSEMBLE EQUIPMENT AND SUPPLIES FOR LIVER BIOPSY
8L(14)	PERFORM BASIC VISUAL ACUITY
9B(18)	MEASURE PEAK EXPIRATION FLOW
9B(25)	MEASURE AND RECORD CENTRAL VENOUS/ARTERIAL PRESSURES
9E(5)(i)	ASSIST WITH HEMOVAC OR PORTO VAC DRAINAGE SYSTEM
9G(1)	ASSESS FOR SPRAINS, STRAINS, AND FRACTURES
9G(2)	APPLY CERVICAL COLLAR
9G(7)	APPLY SKIN TRACTION
9H(9)	ROTATE PATIENT ON TURNING FRAME OR CIRCLE BED
9I(4)	PREPARE PATIENT FOR AEROMEDICAL EVACUATION
9K(1)	PERFORM SEIZURE PRECAUTIONS
9K(2)	PERFORM NEUROLOGICAL CHECKS
9K(3)(d)	MODIFY NURSING CARE OF PARALYZED PATIENTS
9K(3)(e)	MODIFY NURSING CARE OF NEUROSENSORY TRAUMA
9P(2)(b)	PERFORM NEWBORN CARE, i.e., FOOTPRINTS
10E	MONITOR PATIENTS IN TRANSIT
11D	ASSIST WITH NONFLYING PHYSICAL EXAMINATIONS AT OUTPATIENT CLINIC
13B	HISTORY AND PHYSICAL
13B(1)	OBTAIN AND RECORD MEDICAL HISTORIES
13C(2)	MAINTAIN AF FORM 579 (CONTROLLED SUBSTANCES REGISTER)
13D(2)	PERFORM WHITE BLOOD COUNT
13D(3)	PERFORM URINALYSIS
13D(4)	PERFORM GRAM STAIN
13F(2)(1)	IDENTIFY AND TREAT FRACTURES OF DISLOCATIONS
13G(3)	PERFORM LIGATION OF VESSELS
13H	BIOENVIRONMENTAL/ENVIRONMENTAL HEALTH
13H(1)	OCCUPATIONAL HEALTH CONTROL
13H(2)	PUBLIC FACILITIES INSPECTION
13H(3)	MONITORING AND IMPROVING WATER PURIFICATION
13H(3)(a)	PERFORM CHLORINE RESIDUAL TESTS
13H(3)(b)	MILLIPORE WATER TESTING KIT
13H(4)	METHODS OF SEWAGE AND WASTE DISPOSAL
13H(5)	INSECT AND RODENT CONTROL
13H(6)	PROCUREMENT, INSPECTION AND STORAGE OF FOOD
13H(7)	POLICIES RELATED TO FOOD SERVICE
13H(7)(a)	MEDICAL STANDARDS
13H(8)	ORGANIZE OR DIRECT RABIES CONTROL PROGRAM
13I(2)	PERFORM CRICOTHYROIDOTOMY
14A(2)(c)	COLLECT POLLEN AND PREPARE SLIDES FOR POLLEN COUNT

TABLE 18 (CONTINUED)

SPECIALTY TRAINING STANDARD ELEMENTS WITH
LOW PERCENT MEMBERS PERFORMING*

14A(2)(d)	IDENTIFY POLLEN USING MICROSCOPE
14A(4)(b)	PREPARE AND INTERPRET SPUTUM SAMPLES FOR LABORATORY STUDIES
14A(5)(d)(6)	ADMINISTER AND INTERPRET DIAGNOSTIC PROCEDURES FOR RADIO ALLERGO SORBANT TEST (RAST)
16H(2)(g)	EMERGENCY: CHILDBIRTH
16G(2)(h)	PSYCHIATRIC VICTIMS
16I(3)(b)	ORTHOSTATIC TOLERANCE TESTING
16I(6)(b)	PERFORM AND MOUNT STRESS TESTING/DOUBLE MASTERS
16I(7)(h)	NIGHT VISION TESTING
16L(2)	AEROMEDICAL CONDITIONS IN FLIGHT RELATED ENVIRONMENTS
16L(3)	ASSIST FLIGHT SURGEON IN FLIGHT LINE ACTIVITIES
16L(4)(d)	EVALUATE CREW MEMBERS OF MISSILE PERSONNEL UNDER WORKING CONDITIONS FOR MENTAL HEALTH OR SAFETY PRACTICES
16M(1)(b)	PROVIDE EMERGENCY MEDICAL TRAINING FOR CRASH AND FIRE- FIGHTING CREWS
16M(1)(d)	PROVIDE EMERGENCY MEDICAL TRAINING FOR ALL ASSIGNED AEROSPACE CREW PERSONNEL
16M(2)	PROVIDE TRAINING ON MEDICAL ASPECTS OF DISASTER PREPAREDNESS

* The tasks matched to these elements have low percent members performing based on the group appropriate to that paragraph

emergency responses, care for patients with special needs, should be incorporated into the general area of the STS and eliminated from the specific sections of the STS. It may even be more appropriate for paragraphs 12 and 13 to be entered as line items only and the Aeromedical Evacuation (primarily MAC) and Independent Duty responsibilities be contained in Job Quality Standards rather than within the STS proper.

A detailed review of the tentative STS as a total document is recommended so that the specific paragraphs only cover the unique assignments.

3ABR902X0 Plan of Instruction (POI)

The 3ABR902X0 POI, for the Medical Services Specialty course at Sheppard AFB, was matched with inventory task statements. A computer printout was generated displaying the results of this process. Information furnished includes percent members performing for first job (1-24 months TAFMS) and first-enlistment (1-48 months TAFMS), as well as TE and TD ratings from senior AFSC 902X0 personnel.

The technical portion of the POI was supported by either percent members performing or TE ratings. The POI contains a large number of blocks which are knowledge rather than performance elements. Since the inventory is performance-oriented, a number of tasks were unreferenced. Some of these unreferenced tasks may be included at a knowledge rather than performance level and thus be covered in the POI although not referenced. The unreferenced tasks cover a wide range of responsibilities and are not related to any specific element of the POI. Tasks with the highest TE ratings concern emergency procedures which may be covered in the Medical Readiness course rather than the basic course. Several tasks involve the completion of forms, which may suggest the addition of an element to cover common forms. Table 19 lists examples of tasks which were not matched. All of the unmatched tasks with high TEs and at least 30 percent of the first enlistees performing should be considered, if not presently covered, for inclusion in the next revised POI. Review at this time will be particularly valuable since the course is in the process of expansion.

AFSC 902X0C Plan of Instruction (POI)

The 3ABY902X0C POI dated January 1983 was matched with survey task statements, and a computer product was generated displaying the results of the process. Information furnished included percent members performing for first job (1-24 months TAFMS) and for first-enlistment (1-48 months TAFMS) personnel, as well as TE and TD ratings from senior AFSC 902X0C personnel. Survey data generally support the POI blocks. As with the ABR902X0 course at Sheppard, a large number of the blocks are knowledge rather than performance elements. Since the inventory is performance-oriented, it is difficult to match tasks to the knowledge elements. There may be tasks which require specific knowledge in order to complete a procedure. If such tasks can be identified, the survey data should assist the instructors in deciding which areas to emphasize and how much time should be spent on that area.

TABLE 19

EXAMPLES OF TASKS NOT MATCHED WITH 3ABR902X0 POI

TASKS	TRAINING EMPHASIS	FIRST JOB	FIRST ENLISTMENT	TASK DIFFICULTY
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	7.44	14	24	6.70
R489 PREVENT OR TREAT PATIENTS FOR SHOCK	6.59	24	28	5.60
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMIC REACTIONS	6.51	13	20	6.48
H435 CHANGE DRESSINGS	6.49	69	70	4.21
H451 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYNCOPE	6.38	15	26	5.82
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	6.38	17	24	6.33
H459 INSERT URINARY CATHETERS	6.35	54	54	6.07
G337 INSPECT AND RESTOCK EMERGENCY CARTS	6.33	68	70	4.78
G453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	6.32	20	27	5.69
K619 SUTURE LACERATIONS	6.25	14	23	6.47
I522 LOAD LITTERS INTO CRASH AMBULANCE	6.24	22	24	4.20
H475 OBTAIN AND RECORD APICAL PULSE	6.08	60	61	3.63
R843 PERFORM OR PRACTICE CONTROLLING HEMORRHAGES	6.06	25	29	5.04
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	5.98	68	69	4.99
K616 REMOVE SUTURES	5.94	24	31	4.29
H398 ADMINISTER ENEMAS	5.89	56	52	3.59
K588 DRIVE AMBULANCES, OTHER THAN CRASH OR AMBUS	5.82	20	28	4.47
K576 APPLY MAKESHIFT SPLINTS	5.79	12	19	4.84

A number of tasks performed by 30 percent or more serving in their first-enlistment were unmatched to the POI. Table 20 lists examples of tasks which were not matched. Many of these tasks also have high TE which indicates some form of training should be considered. Several of the unmatched tasks involve crash ambulances. There is an element in the POI which addresses accident response. These tasks may be covered under this element or if not, should provide input for coverage. In the career ladder structure, a group performing primarily administrative work with the Flight Surgeon was identified. As shown in Table 20 there is a series of tasks initiating or annotating various forms. This indicates some familiarity with the forms should be available through the formal course or CDC.

A thorough review of the unmatched tasks to insure coverage of this material should be made.

JOB SATISFACTION

Tables 21 through 23 present data showing the job interest, perceived utilization of talent and training, and reenlistment intention by TAFMS groups and career ladder designation. Also, data showing a comparative sample of medical personnel surveyed in 1985 are included for comparison. Table 21 presents information for first-enlistment groups. Overall, the medical service personnel express positive job interest and utilization of talents and training. Personnel in the C-shred express less positive attitudes, particularly with respect to the measure of job interest. Except for the Aeromedical personnel, indicators are close to or higher than the 1985 comparative sample of medical personnel. The percentages of the first-enlistment groups planning to reenlist varies from 56 to 64 percent with the comparative sample indicating 62 percent reenlisting.

During the second enlistment (see Table 22), job interest drops considerably for the C-shred personnel, with only 41 percent indicating their job is interesting. Utilization of talents drops to 46 percent positive attributes for those performing aeromedical evacuation (A-prefix), and their utilization of training drops to 51 percent. Reenlistment intent varies from 61 to 68 percent, all of which are below the comparative sample (71 percent).

As would be expected, job satisfaction indicators generally are higher for those in career status (see Table 23). Job satisfaction indicators for the C-shred are somewhat lower than the comparative sample and other members

¹ Because of the small number of B-shred personnel, job satisfaction information data is not included. Responses for the total B-shred were compared to the total comparative sample. The B-shred personnel indicate positive satisfaction equal to or greater than the comparative sample.

TABLE 20

EXAMPLES OF TASKS NOT MATCHED WITH 3ABR902X0C P01

TASKS	TRAINING EMPHASIS	FIRST JOB	FIRST ENLISTMENT	TASK DIFFICULTY
I518 DRIVE CRASH AMBULANCE	7.05	65	72	4.51
I516 DETERMINE LOCATIONS USING GRID MAPS	6.80	54	55	5.32
E191 INITIATE OR ANNOTATE AF FORMS 1446 (MEDICAL EXAMINATION- FLYING PERSONNEL)	6.72	54	62	4.04
0713 MAKE DISTRIBUTION OF PHYSICAL EXAMINATION FORMS	6.67	67	70	4.36
G703 ASSESS PERSONNEL UNDER CORONARY ARTERY RISK EVALUATION (CARE) PROGRAM	6.62	56	63	5.10
D715 PERFORM ACCOMMODATION EYE EXAMINATIONS	6.60	76	78	4.15
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	6.47	78	78	4.57
I526 OPERATE AND MONITOR RADIOS, SUCH AS MEDICAL COMMUNICATIONS NETS	6.38	59	61	4.96
I527 OPERATE SPECIALIZED CRASH AMBULANCE EQUIPMENT	6.30	48	48	5.54
E192 INITIATE OR ANNOTATE AF FORMS 1447 (CORONARY ARTERY RISK EVALUATION)	6.27	59	66	4.85
I528 PERFORM DAILY PREPAREDNESS CHECKS OF CRASH AMBULANCES	6.17	62	64	4.13
0735 PREPARE MEDICAL WAIVER PACKAGES	6.17	39	47	6.38
0734 PREPARE LABORATORY STUDIES REQUESTED BY PHYSICIANS	5.88	56	60	4.20
E196 INITIATE OR ANNOTATE AF FORMS 1671 (DETAILED HEARING CONSERVATION DATA FOLLOWUP)	5.60	41	40	4.83
0701 ADMINISTER READING ALOUD TESTS (RAT)	5.57	63	72	3.80
0741 SCHEDULE PERSONNEL FOR PHYSICAL EXAMINATIONS	5.50	76	79	3.50
I507 ANNOTATE AND ATTACH DD FORMS 1380 (U.S. FIELD MEDICAL CARD) TO PATIENTS	5.48	38	42	4.17
I538 STOCK CRASH AMBULANCES WITH EQUIPMENT OR SUPPLIES	5.37	54	59	4.59
R847 PERFORM OR PRACTICE OXYGEN DELIVERIES	5.13	30	30	5.21

TABLE 21

COMPARISON OF JOB SATISFACTION INDICATORS BY TAFMS GROUPS*
(PERCENT MEMBERS RESPONDING)

	FIRST ENLISTMENT (1-48 MOS TAFMS)				COMP SAMPLE** (N=2,203)
	902X0 (N=54)	A902X0 (N=17)	902X0A (N=54)	902X0C (N=338)	
EXPRESSED JOB INTEREST:					
INTERESTING	79	77	69	55	69
S0-S0	12	18	17	22	18
DULL	8	6	15	23	12
PERCEIVED UTILIZATION OF TALENTS:					
FAIRLY WELL TO PERFECTLY LITTLE OR NOT AT ALL	78 22	71 29	65 35	62 38	64 26
PERCEIVED UTILIZATION OF TRAINING:					
FAIRLY WELL TO PERFECTLY LITTLE OR NOT AT ALL	84 16	71 29	83 15	69 31	67 16
REENLISTMENT INTENTIONS:					
YES, OR PROBABLY YES	64	59	59	56	62
NO, OR PROBABLY NO	35	41	41	44	35
PLAN TO RETIRE	-	-	-	-	-

* Columns may not add to 100 percent due to rounding or no response

** Comparative sample of medical career ladders surveyed in 1985
(Includes AFSC 903X0, 907X0, 914X0, 915X0, 924X0, 926X0)

- Indicates less than 1 percent

TABLE 22

COMPARISON OF JOB SATISFACTION INDICATORS BY TAFMS GROUPS*
(PERCENT MEMBERS RESPONDING)

	SECOND ENLISTMENT (49-96 MOS TAFMS)				COMP SAMPLE** (N=1,111)
	902X0 (N=393)	A902X0 (N=37)	902X0A (N=42)	902X0C (N=98)	
EXPRESSED JOB INTEREST:					
INTERESTING	73	70	67	41	74
SO-SO	18	22	17	26	15
DULL	9	8	14	33	10
PERCEIVED UTILIZATION OF TALENTS:					
FAIRLY WELL TO PERFECTLY	74	46	62	62	69
LITTLE OR NOT AT ALL	26	54	36	38	20
PERCEIVED UTILIZATION OF TRAINING:					
FAIRLY WELL TO PERFECTLY	74	51	81	63	67
LITTLE OR NOT AT ALL	25	49	17	37	18
REENLISTMENT INTENTIONS:					
YES, OR PROBABLY YES	68	62	64	61	71
NO, OR PROBABLY NO	32	38	31	39	28
PLAN TO RETIRE	-	-	2	-	1

* Columns may not add to 100 percent due to rounding or no response

** Comparative sample of medical career ladders surveyed in 1985
(Includes AFSC 903X0, 907X0, 914X0, 915X0, 924X0, 926X0)

- Indicates less than 1 percent

TABLE 23

COMPARISON OF JOB SATISFACTION INDICATORS BY TAFMS GROUPS*
(PERCENT MEMBERS RESPONDING)

	CAREER (97+ MOS TAFMS)				COMP SAMPLE** (N=1,564)
	902XC (N=664)	A902X0 (N=54)	902X0A (N=43)	902X0C (N=215)	
EXPRESSED JOB INTEREST:					
INTERESTING	79	85	79	66	80
SO-SO	12	9	7	19	11
DULL	9	6	14	15	9
PERCEIVED UTILIZATION OF TALENTS:					
FAIRLY WELL TO PERFECTLY	81	85	88	77	84
LITTLE OR NOT AT ALL	18	15	12	23	15
PERCEIVED UTILIZATION OF TRAINING:					
FAIRLY WELL TO PERFECTLY	77	83	91	81	84
LITTLE OR NOT AT ALL	23	15	9	19	16
REENLISTMENT INTENTIONS:					
YES, OR PROBABLY YES	66	86	91	80	73
NO, OR PROBABLY NO	12	7	5	19	16
PLAN TO RETIRE	20	13	2	-	17

* Columns may not add to 100 percent due to rounding or no response

** Comparative sample of medical career ladders surveyed in 1985
(includes AFSC 903X0, 907X0, 914X0, 915X0, 924X0, 926X0)

- Indicates less than 1 percent

of the Medical Service career ladder; however, the percentages planning to reenlist are higher than the comparative sample. Positive reenlistment intent varies from 66 percent (basic AFSC 902X0) to 91 percent for the Allergy Personnel.

Job satisfaction was also examined for groups identified within the career ladder (see Table 24). Among the job groups identified, the majority of members indicate their job is interesting, while almost one-fourth of the Flight Physical Personnel indicate their job is dull. Utilization of talent was perceived positively by at least 60 percent in all job clusters. However, members of the small independent job type, Aeromedical Staging, did not feel their talents were being utilized. Members of this small independent job type are primarily in their first enlistment. Both of these groups perform fewer tasks than other technical cluster members. Utilization of training was viewed positively by members of all job groups. Reenlistment intent varies from 57 percent to 84 percent among the job groups identified. The groups least likely to reenlist are members of the Aeromedical Staging independent job type and the Family Practice/Primary Care cluster.

Job satisfaction factors were compared for the previous survey respondents and the current survey sample (see Table 25) for the basic Medical Service, A-shred and C-shred personnel. Job satisfaction indices for the basic AFSC 902X0 members remain stable. More of the current sample indicate they plan to reenlist than those responding in 1979. Expressed job interest and utilization of talents are high for each of the A-shred samples. Perceived utilization of training is even more positive in the current sample. Reenlistment intent was positive in both samples. For the Aeromedical, C-shred, personnel job interest drops for the current population (65 to 57 percent). Utilization of talents and training measures are fairly close for each survey sample. However, reenlistment intent is less positive now than in 1977.

Overall, job satisfaction and reenlistment potential are satisfactory. Utilization of talents for aeromedical evacuation personnel is lower for members in their second enlistment than those in their first enlistment or career status. Job satisfaction factors and reenlistment potential for C-shred personnel are lower than other functional groups and also lower than previous survey respondents.

ANALYSIS OF WRITE-IN COMMENTS

When filling out the job inventory booklets, respondents were encouraged to write-in any comments related to their job. In this survey a reasonably large number of comments were received. The comments cover job dissatisfaction, duties and assignments not found in the inventory, and training. Remarks related to job dissatisfaction included comments on manning and paperwork. Specific comments about dissatisfaction include:

TABLE 24
COMPARISONS OF JOB SATISFACTION INDICATORS BY 902X0 CAREER FIELD STRUCTURE GROUPS
(PERCENT MEMBERS RESPONDING)*

DUTY AREAS	FLIGHT MEDICAL PERSONNEL (GRP084)	EMERGENCY ROOM PERSONNEL (GRP255)	WARD CARE PERSONNEL (GRP248)	AEROMEDICAL STAGING PERSONNEL (GRP426)	OUTPATIENT CARE PERSONNEL (GRP096)	ALLERGY PERSONNEL (GRP145)	CAREER LADDER MANAGERS (GRP080)	TRAINING PERSONNEL (GRP119)	NEUROLOGY PERSONNEL (GRP263)	AEROMEDICAL EVACUATION PERSONNEL (GRP243)
EXPRESSED JOB INTEREST:										
INTERESTING	56	79	78	64	71	70	83	86	74	80
SO-SO	21	14	12	29	19	14	11	12	15	13
DULL	23	7	8	7	10	14	5	2	11	7
PERCEIVED UTILIZATION OF TALENTS:										
FAIRLY WELL TO PERFECTLY	65	78	81	43	70	72	90	80	78	63
LITTLE OR NOT AT ALL	34	22	19	57	30	28	10	18	22	37
PERCEIVED UTILIZATION OF TRAINING:										
FAIRLY WELL TO PERFECTLY	70	79	87	79	71	80	87	74	85	65
LITTLE OR NOT AT ALL	29	21	12	21	29	18	12	24	15	35
REENLISTMENT INTENTIONS:										
YES, OR PROBABLY YES	62	67	68	57	59	71	61	84	67	71
NO, OR PROBABLY NO	34	28	29	43	36	25	13	10	15	25
PLAN TO RETIRE	4	5	2	-	4	3	24	6	11	4

* Columns may not add to 100 percent due to no response or rounding

TABLE 25

COMPARISON OF JOB SATISFACTION INDICATORS FROM
PREVIOUS SURVEY AND CURRENT SURVEY*

	<u>902X0</u>		<u>902X0A</u>		<u>902X0C</u>	
	<u>79</u>	<u>86</u>	<u>79</u>	<u>86</u>	<u>77</u>	<u>86</u>
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	73	77	75	71	65	57
SO-SO	15	14	12	14	13	21
DULL	11	6	12	14	22	22
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL TO PERFECTLY	76	77	74	71	70	68
LITTLE OR NOT AT ALL	24	22	26	28	30	32
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL TO PERFECTLY	76	79	76	85	73	73
LITTLE OR NOT AT ALL	24	20	25	14	26	27
<u>REENLISTMENT INTENTIONS:</u>						
YES, OR PROBABLY YES	53	67	72	70	72	62
NO, OR PROBABLY NO	18	28	11	27	25	33
PLAN TO RETIRE	27	6	15	1	3	4

* Columns may not add up to 100 percent due to no response or rounding

"....I'm doing a lot of work that is not officially delegated to the section I work for. The work must be done but no one has seen fit to assign anyone to do it." "undermanned and overworked"

"I spent 99.9% of my duty time doing....., the other .1% of my duty time is spent trying to accomplish various tasks expected of me. Hopefully improvement will be made concerning manpower and morale."

A number of write-ins expressed concern over training received:

"More time should be spent in school teaching about paperwork. This is a desk job, not medical."

"The 902X0C career field needs a complete overhaul. Many of the tasks taught in school are never performed in the field."

"....902X0Cs are finding themselves performing duties similar to 906X0."

"....902 personnel should be allowed to complete further training."

A large number of write-ins relate to duty assignments not found in the Job Inventory, such as newborn nursery care, prenatal care, labor and delivery, and dialysis. Several respondents indicated they were assigned to nursing services as superintendents and managers. Additional service boards and teams mentioned were disaster response teams, mobility processing units, and mobility shot teams. Representative comments will be retained in the case file for review for the next inventory.

Strength and Stamina

Personnel completing the training emphasis booklets for the Medical Service career ladder, AFSCs 902X0/A/B/C, were asked to assist in the development of strength and stamina requirements. Table 26 gives a listing of the tasks which were identified by three or more of the raters as requiring more strength and stamina than the current standard. Currently, AFR 39-1 designates the Medical Service career ladder as requiring an X-factor of 3, defined as being able to lift 40 lbs to elbow height. The majority of the tasks that were identified were related to movement of patients and medical equipment. The list of those tasks should be reviewed to determine if regulations governing their performance are adequate.

TABLE 26

TASKS IDENTIFIED AS CAUSING POTENTIAL
STRENGTH AND STAMINA CONCERNS

TASKS	NUMBER RATERS	PERCENT MEMBERS PERFORMING				
		902X0	A902X0	902X0A	902X0B	902X0C
H429 ASSIST PATIENTS WITH ACTIVE AND PASSIVE EXERCISES	3	24	25	1	4	1
H470 MOVE OR TRANSPORT PATIENTS	7	68	62	23	32	32
H506 TURN PATIENTS MANUALLY	3	35	30	2	7	2
I510 COLLECT REMAINS OF DECEASED AT ACCIDENT SITES	3	4	1	1	0	28
I518 DRIVE CRASH AMBULANCES	3	26	7	13	0	71
I520 INSTRUCT AUGEMENTEES ON LITTER OR HAND CARRIES OF PATIENTS	4	14	24	4	4	40
I522 LOAD LITTERS INTO CRASH AMBULANCE	21	29	36	17	4	76
I527 OPERATE SPECIALIZED CRASH AMBULANCE EQUIPMENT	3	14	6	5	0	51
I529 PERFORM HAND OR LITTER CARRIES	22	30	57	19	7	64
I530 PERFORM STANDBY MEDICAL COVERAGE AT PARACHUTE DROP ZONES	6	2	15	0	0	20
I531 PERFORM STANDBY MEDICAL COVERAGE AT SURVIVAL TRAINING SITES	5	2	2	1	0	8
I532 PREPARE INJURED PERSONNEL FOR EVACUATION FROM CRASH SITES	6	6	10	4	0	26
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	3	21	10	5	0	79
I542 UNLOAD LITTERS FROM CRASH AMBULANCE	17	26	38	17	11	69
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	3	29	12	9	7	32
K585 CONFIGURE AND OPERATE AMBULANCE BUS (AMBUS)	3	5	3	2	0	2
K610 PREPARE PATIENTS FOR EMERGENCY AIR EVACUATIONS	3	13	22	3	0	4
L640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	3	1	72	1	0	3
L642 ENPLANE OR DEPLANE BAGGAGE	3	4	75	3	0	1
L643 ENPLANE OR DEPLANE PATIENTS	7	8	73	6	0	4
L653 PERFORM EMERGENCY MEDICAL CARE FOR PATIENTS DURING GROUND TRANS- PORTATION	3	6	35	1	0	6
P761 DELIVER SME, ATC, ATH, OR MASF TO MARSHALLING OR STORAGE AREAS	3	1	13	0	0	5
P766 DRIVE M-SERIES VEHICLES	3	1	24	1	0	2
P778 INVENTORY SME, ATC, ATH, OR MASF FOR DEPLOYMENTS	5	3	18	1	0	12

TABLE 26 (CONTINUED)

TASKS IDENTIFIED AS CAUSING POTENTIAL
STRENGTH AND STAMINA CONCERNS

TASKS	NUMBER RATERS	PERCENT MEMBERS PERFORMING				
		902X0	A902X0	902X0A	902X0B	902X0C
P779 LOAD OR UNLOAD SME, ATC, ATH, OR MASF FOR DEPLOYMENTS	7	3	20	0	0	11
P791 PACK OR UNPACK ATC, ATH, OR MASF BLANKET EQUIPMENT	7	2	19	1	0	9
P813 SET UP OR TAKE DOWN ATC, ATH, OR MASF	8	3	19	0	0	13
Q841 PERFORM OR PRACTICE APPLICATION OF PHYSICAL OR MECHANICAL RESTRAINTS TO PATIENTS OTHER THAN SPLINTS	3	22	27	4	0	36
Q846 PERFORM OR PRACTICE EXTRICATION PROCEDURES	3	18	6	3	0	28

IMPLICATIONS

The jobs identified in the career ladder analysis confirm the current structure of the Medical Service career ladder as specified in AFR 39-1. Basic Medical Service personnel were divided into three major areas: outpatient, ward care and emergency room (includes personnel assigned independent duty). Separate jobs were identified for personnel in each of the shreds: A-shred, Allergy; B-shred, Neurology; C-shred, Aeromedical; as well as the A-Prefix, Aeromedical Evacuation. CEM code and superintendents serve as career ladder managers. Personnel are performing within their career ladder designation.

Job satisfaction and reenlistment potential are satisfactory, although job satisfaction measures are somewhat lower for C-shred personnel.

All training documents should be reviewed. A large number of tasks with high TE and at least 30 percent performing were unreferenced to the POI for the basic course at Sheppard AFB. Review at this time will be particularly valuable since the course is in the process of being expanded. The POI for the Aeromedical (C-shred) personnel at Brooks AFB also has several unreferenced tasks related to administrative procedures (forms, etc.) A job group spending a large amount of time on administration within the Flight Surgeon was identified. Other unreferenced tasks involve medical crash and air rescue coverage. More emphasis should be made in these areas of the POI.

Currently the 902X0 STS for members of the Medical Service career ladder is being reviewed and updated by career ladder personnel to incorporate the new format and to provide for revisions being made in the training program. The STS is basically supported by the OSR data; however, reorganization of the STS to provide a more consistent document is recommended.

OSR findings support the present shred designations and the A-prefix positions. The data do not, however, provide a clear-cut indication regarding separation of the C-shred from the Medical Service career ladder. Other considerations such as assignment policy, efficiency of training, and cost effectiveness should be evaluated in making the decision.

APPENDIX A
COMMAND REPRESENTATION

TABLE 1
COMMAND REPRESENTATION OF 902X0A SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED*</u>	<u>PERCENT OF SAMPLE</u>
AAC	2	3
USAFA	1	0
USAFE	12	11
AFLC	6	6
AFSC	12	11
ATC	12	11
AU	1	3
MAC	16	19
PACAF	5	5
SAC	19	16
TAC	12	13
SPACECMD	1	1

* As of January 1985

TABLE 2
COMMAND REPRESENTATION OF AFSC 902X0B SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED*</u>	<u>PERCENT OF SAMPLE</u>
AAC	3	7
USAFA	3	4
USAFE	9	11
AFLC	3	4
AFSC	31	29
ATC	13	14
AU	3	4
MAC	22	18
PACAF	3	4
SAC	9	7

* As of January 1985

TABLE 3
COMMAND REPRESENTATION OF AFSC 902X0C SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED*</u>	<u>PERCENT OF SAMPLE</u>
AAC	2	1
USAF A	2	1
USAF E	13	14
AFLC	4	3
AFSC	8	8
ARPC	-	2
ATC	10	9
AU	7	1
MAC	18	17
PACAF	4	6
SAC	21	21
TAC	17	17

* As of January 1985
- Less than 1 percent

TABLE 4
COMMAND REPRESENTATION OF AFSC 902X0
BASIC SURVEY SAMPLE*

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED**</u>	<u>PERCENT OF SAMPLE</u>
AAC	2	2
USAF A	1	1
USAF E	11	9
AFLC	5	5
AFSC	12	11
ATC	11	12
AU	1	1
MAC	17	18
PACAF	6	5
SAC	18	19
TAC	15	15
SPACECMD	1	0

* Includes A-Prefix
** As of January 1985

APPENDIX B
CAREER LADDER STRUCTURE
JOB GROUPS

TABLE B-1

GROUP ID NUMBER AND TITLE: GRP84, FLIGHT MEDICAL PERSONNEL
 GROUP SIZE: 623 PERCENT OF SAMPLE: 21
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 63
 AVERAGE TAFMS: 74

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
0739 REVIEW MEDICAL RECORDS	90
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	88
H476 OBTAIN AND RECORD BLOOD PRESSURES	88
0744 TAKE STANDING HEIGHT MEASUREMENTS	87
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAMINATION)	86
0716 PERFORM AND INTERPRET AUDIOGRAMS	86
0722 PERFORM EYE EXAMINATIONS BY USING VISION TESTING APPARATUS-NEAR DISTANT (VTA-ND) TESTERS	85
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	85
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COM- PLETENESS	84
E272 INITI. E OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	84
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	83
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	83
E317 PULL OR FILE MEDICAL RECORDS	83
0741 SCHEDULE PERSONNEL FOR PHYSICAL EXAMINATIONS	83
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	82
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	82
0710 INSTRUCT EXAMINEE ON PREPARATION OF PHYSICAL EXAMINATION FORMS	82
I522 LOAD LITTERS INTO CRASH AMBULANCE	81
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	81
H477 OBTAIN AND RECORD BODY WEIGHT	81
0702 ASSEMBLE PHYSICAL EXAMINATION FORMS	81
E323 SCHEDULE PATIENT'S APPOINTMENTS	80
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	79
0745 TRANSCRIBE LABORATORY RESULTS ONTO PHYSICAL EXAMINATION FORMS	79
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	79

TABLE B-2

GROUP ID NUMBER AND TITLE: GRP366, FLIGHT SURGEON OFFICE PERSONNEL
 GROUP SIZE: 56 PERCENT OF SAMPLE: 2
 AVERAGE PAYGRADE: E-3-4 AVERAGE TICF: 33
 AVERAGE TAFMS: 42

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E317 PULL OR FILE MEDICAL RECORDS	98
E307 PREPARE AF FORMS 1042 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY)	96
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	95
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	93
H476 OBTAIN AND RECORD BLOOD PRESSURES	93
H481 OBTAIN AND RECORD TEMPERATURES	91
K620 TAKE THROAT CULTURES	91
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	89
I522 LOAD LITTERS INTO CRASH AMBULANCE	89
E323 SCHEDULE PATIENT'S APPOINTMENTS	88
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	88
K617 SCREEN PATIENTS AT SICK CALL	86
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	86
H480 OBTAIN AND RECORD RADIAL PULSE	84
I518 DRIVE CRASH AMBULANCES	84
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	84
E228 INITIATE OR ANNOTATE DD FORMS 2005 (PRIVACY ACT STATEMENT- HEALTH CARE RECORDS)	84
E297 MAINTAIN OUTPATIENT APPOINTMENT BOOKS	82
O712 MAKE DISTRIBUTION OF AF FORMS 1042 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY)	82
I542 UNLOAD LITTERS FROM CRASH AMBULANCE	80
E210 INITIATE OR ANNOTATE AF FORMS 555 (PATIENT VISIT REGISTER)	79
E187 INITIATE OR ANNOTATE AF FORMS 1041 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY LOG)	79
E294 MAINTAIN MEDICAL DATA ON CURRENT STATUS OF FLYING, MIS- SILE CREW, OR AIR TRAFFIC CONTROL PERSONNEL	79
E190 INITIATE OR ANNOTATE AF FORMS 137 (FOOTPRINT RECORD)	79
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	79

TABLE B-3

GROUP ID NUMBER AND TITLE: GRP622, NCOIC PHYSICAL EXAMS AND STANDARD
 GROUP SIZE: 92 PERCENT OF SAMPLE: 3
 AVERAGE PAYGRADE: E-6 AVERAGE TICF: 164
 AVERAGE TAFMS: 180

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	98
C117 PREPARE APRS	98
0739 REVIEW MEDICAL RECORDS	97
0709 DETERMINE PHYSICAL QUALIFICATIONS OR DISQUALIFICATIONS OF EXAMINEES	97
E161 ADVISE FLIGHT SURGEONS REGARDING STATUS OF EQUIPMENT, SUPPLIES, OR TRAINING OF PERSONNEL	97
A36 SCHEDULE LEAVES OR PASSES	97
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	96
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	96
I526 OPERATE AND MONITOR RADIOS, SUCH AS MEDICAL COMMUNICATIONS NETS	96
I522 LOAD LITTERS INTO CRASH AMBULANCE	96
E309 PREPARE CORRESPONDENCE	95
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	95
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	95
E208 INITIATE OR ANNOTATE AF FORMS 422 (PHYSICAL PROFILE SERIAL REPORT)	93
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	93
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	93
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	93
I518 DRIVE CRASH AMBULANCES	93
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COMPLETENESS	92
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAMINATION)	92
C93 CONDUCT SELF-INSPECTIONS	92
E323 SCHEDULE PATIENT'S APPOINTMENTS	92
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	91
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	91
0735 PREPARE MEDICAL WAIVER PACKAGES	91

TABLE B-4

GROUP ID NUMBER AND TITLE: GRP403, FLIGHT PHYSICAL
 GROUP SIZE: 413 PERCENT OF SAMPLE: 14
 AVERAGE PAYGRADE: E-3-4 AVERAGE TICF: 44
 AVERAGE TAFMS: 53

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
0744 TAKE STANDING HEIGHT MEASUREMENTS	97
0716 PERFORM AND INTERPRET AUDIOGRAMS	96
0710 INSTRUCT EXAMINEE ON PREPARATION OF PHYSICAL EXAMINATION FORMS	96
0722 PERFORM EYE EXAMINATIONS BY USING VISION TESTING APPARATUS-NEAR DISTANT (VTA-ND) TESTERS	96
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	96
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COMPLETENESS	95
0741 SCHEDULE PERSONNEL FOR PHYSICAL EXAMINATIONS	94
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAM- INATION	93
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	93
0745 TRANSCRIBE LABORATORY RESULTS ONTO PHYSICAL EXAMINATION FORMS	93
0739 REVIEW MEDICAL RECORDS	93
0702 ASSEMBLE PHYSICAL EXAMINATION FORMS	92
0715 PERFORM ACCOMMODATION EYE EXAMINATIONS	92
0729 PERFORM POINT OF CONVERGENCE EYE EXAMINATIONS	91
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	91
0743 TAKE SITTING HEIGHT MEASUREMENTS	90
0719 PERFORM EYE CONFRONTATION TESTS	90
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	90
0733 PERFORM VISUAL TESTING SET-COLOR VISION (VTS-CV) COLOR EXAMINATIONS	89
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	89
0711 INTERVIEW EXAMINEES FOR INTERVAL OR INDICATED HISTORIES	89
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	89
0713 MAKE DISTRIBUTION OF PHYSICAL EXAMINATION FORMS	89
H476 OBTAIN AND RECORD BLOOD PRESSURES	88
0718 PERFORM DEPTH PERCEPTION APPARATUS-VERHOFF (DPA-V) OR HOWARD-DOLMAN (H-D) SPECIAL DEPTH PERCEPTION TESTS	88

TABLE B-5

GROUP ID NUMBER AND TITLE: GRP360, FIRST JOB FLIGHT PHYSICAL
 GROUP SIZE: 5 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-3 AVERAGE TICF: 20
 AVERAGE TAFMS: 23

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
0716 PERFORM AND INTERPRET AUDIOGRAMS	100
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COMPLETENESS	100
0744 TAKE STANDING HEIGHT MEASUREMENTS	100
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAMINATION)	80
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	80
H476 OBTAIN AND RECORD BLOOD PRESSURES	80
H477 OBTAIN AND RECORD BODY WEIGHT	80
0745 TRANSCRIBE LABORATORY RESULTS ONTO PHYSICAL EXAMINATION FORMS	80
E191 INITIATE OR ANNOTATE AF FORMS 1446 (MEDICAL EXAMINATION- FLYING PERSONNEL)	80
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	80
0718 PERFORM DEPTH PERCEPTION APPARATUS-VERHOFF (DPA-V) OR HOWARD-DOLMAN (H-D) SPECIAL DEPTH PERCEPTION TESTS	80
0722 PERFORM EYE EXAMINATIONS BY USING VISION TESTING APPARATUS-NEAR DISTANT (VTA-ND) TESTERS	80
I518 DRIVE CRASH AMBULANCES	80
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	80
0729 PERFORM POINT OF CONVERGENCE EYE EXAMINATIONS	80
E232 INITIATE OR ANNOTATE DD FORMS 2216 (HEARING CONSERVATION DATA)	60
H480 OBTAIN AND RECORD RADIAL PULSE	60
0717 PERFORM DAILY BIOLOGICAL CALIBRATION TEST USING DD FORMS 2217 (BIOLOGICAL AUDIOMETER CALIBRATION CHECK)	60
E192 INITIATE OR ANNOTATE AF FORMS 1447 (CORONARY ARTERY RISK EVALUATION)	60
0706 CONVERT AND RECORD PULMONARY FUNCTION RESULTS TO PER- CENTAGES	60
0741 SCHEDULE PERSONNEL FOR PHYSICAL EXAMINATIONS	60
E188 INITIATE OR ANNOTATE AF FORMS 1226 (PULMONARY FUNCTION STUDIES)	60

TABLE B-6

GROUP ID NUMBER AND TITLE: GRP255, EMERGENCY ROOM PERSONNEL
 GROUP SIZE: 587 PERCENT OF SAMPLE: 19
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 74
 AVERAGE TAFMS: 82

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H481 OBTAIN AND RECORD TEMPERATURES	97
H476 OBTAIN AND RECORD BLOOD PRESSURES	97
K578 APPLY STERILE DRESSINGS	96
K620 TAKE THROAT CULTURES	95
H464 MAINTAIN STERILE FIELDS	95
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	94
H435 CHANGE DRESSINGS	93
H415 APPLY ARM SLING BANDAGES	93
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	92
K619 SUTURE LACERATIONS	92
H480 OBTAIN AND RECORD RADIAL PULSE	92
H461 INSTRUCT PATIENTS IN CRUTCH WALKING TECHNIQUES	91
H470 MOVE OR TRANSPORT PATIENTS	91
G337 INSPECT AND RESTOCK EMERGENCY CARTS	90
H399 ADMINISTER EYE IRRIGATIONS	90
G350 PREPARE EYE IRRIGATIONS	90
H477 OBTAIN AND RECORD BODY WEIGHT	89
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	89
K588 DRIVE AMBULANCES, OTHER THAN CRASH OR AMBUS	88
G359 PREPARE OXYGEN EQUIPMENT	88
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	88
H397 ADMINISTER EAR IRRIGATIONS	88
E284 LABEL SPECIMENS	88
K616 REMOVE SUTURES	88
H421 APPLY ELASTIC BANDAGES	87

TABLE B-7

GROUP ID NUMBER AND TITLE: GRP547, NCOIC EMERGENCY ROOM
 GROUP SIZE: 83 PERCENT OF SAMPLE: 3
 AVERAGE PAYGRADE: E-5, E-6 AVERAGE TICF: 134
 AVERAGE TAFMS: 150

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	98
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	96
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	95
K578 APPLY STERILE DRESSINGS	95
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	95
H477 OBTAIN AND RECORD BODY WEIGHT	95
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	95
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	94
K619 SUTURE LACERATIONS	94
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	94
K573 ADMINISTER LOCAL ANESTHETICS	94
H415 APPLY ARM SLING BANDAGES	94
H481 OBTAIN AND RECORD TEMPERATURES	93
K620 TAKE THROAT CULTURES	93
K587 DISPATCH AMBULANCES	93
H464 MAINTAIN STERILE FIELDS	93
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	93
H480 OBTAIN AND RECORD RADIAL PULSE	92
C93 CONDUCT SELF-INSPECTIONS	92
H470 MOVE OR TRANSPORT PATIENTS	92
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	92
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	92
G359 PREPARE OXYGEN EQUIPMENT	92
H435 CHANGE DRESSINGS	92
K572 ADMINISTER EMERGENCY DRUGS UNDER SUPERVISION OF PHYSICIAN OR NURSE	92

TABLE B-8

GROUP ID NUMBER AND TITLE: GRP501, EMERGENCY MEDICAL PERSONNEL
 GROUP SIZE: 410 PERCENT OF SAMPLE: 13
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 58
 AVERAGE TAFMS: 64

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
K578 APPLY STERILE DRESSINGS	100
H481 OBTAIN AND RECORD TEMPERATURES	99
K620 TAKE THROAT CULTURES	98
H476 OBTAIN AND RECORD BLOOD PRESSURES	97
H464 MAINTAIN STERILE FIELDS	97
H435 CHANGE DRESSINGS	96
H415 APPLY ARM SLING BANDAGES	96
K619 SUTURE LACERATIONS	96
G337 INSPECT AND RESTOCK EMERGENCY CARTS	95
H461 INSTRUCT PATIENTS IN CRUTCH WALKING TECHNIQUES	95
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	95
H480 OBTAIN AND RECORD RADIAL PULSE	94
G350 PREPARE EYE IRRIGATIONS	94
K588 DRIVE AMBULANCES, OTHER THAN CRASH OR AMBUS	94
H470 MOVE OR TRANSPORT PATIENTS	94
H399 ADMINISTER EYE IRRIGATIONS	93
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	93
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	93
G359 PREPARE OXYGEN EQUIPMENT	92
H397 ADMINISTER EAR IRRIGATIONS	91
E271 INITIATE OR ANNOTATE SF FORMS 558 (MEDICAL RECORD- EMERGENCY CARE AND TREATMENT)	91
H434 ATTACH CARDIAC MONITORING LEADS TO PATIENTS	91
E284 LABEL SPECIMENS	90
H477 OBTAIN AND RECORD BODY WEIGHT	90
K616 REMOVE SUTURES	90

TABLE B-9

GROUP ID NUMBER AND TITLE: GRP386, FIRST TERM ER PERSONNEL
 GROUP SIZE: 5 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-3 AVERAGE TICF: 24
 AVERAGE TAFMS: 58

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H480 OBTAIN AND RECORD RADIAL PULSE	100
H476 OBTAIN AND RECORD BLOOD PRESSURES	100
H481 OBTAIN AND RECORD TEMPERATURES	100
K620 TAKE THROAT CULTURES	100
T915 RUN ELECTROCARDIOGRAPH (EKG) TRACINGS	100
H479 OBTAIN AND RECORD PULSE RATE, OTHER THAN APICAL, RADIAL, OR DOPPLER	100
H475 OBTAIN AND RECORD APICAL PULSE	100
H470 MOVE OR TRANSPORT PATIENTS	100
K588 DRIVE AMBULANCES, OTHER THAN CRASH OR AMBUS	100
K577 APPLY PLASTER SPLINTS	100
K619 SUTURE LACERATIONS	100
K591 HAND INSTRUMENTS TO PHYSICIAN	100
E284 LABEL SPECIMENS	100
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	100
H413 ADMINISTER WOUND IRRIGATIONS	100
H435 CHANGE DRESSINGS	100
E310 PREPARE EMERGENCY REPORTS, SUCH AS INJURY, ANIMAL BITE, OR POISONING REPORTS	100
G337 INSPECT AND RESTOCK EMERGENCY CARTS	100
G338 MAINTAIN EMERGENCY DRUG TRAYS	100
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	100
G342 PREPARE COLD COMPRESSES	100
G350 PREPARE EYE IRRIGATIONS	100
G387 SET UP INTRAVENOUS EQUIPMENT	100
H397 ADMINISTER EAR IRRIGATIONS	100
G346 PREPARE EAR IRRIGATIONS	100

TABLE B-10

GROUP ID NUMBER AND TITLE: GRP478, IDS PERSONNEL

GROUP SIZE: 27

PERCENT OF SAMPLE: LESS THAN 1%

AVERAGE PAYGRADE: E-6

AVERAGE TICF: 143

AVERAGE TAFMS: 158

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H438 DISPENSE MEDICATIONS	100
P757 CONSULT OR COORDINATE TREATMENT WITH MILITARY PHYSICIANS	100
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	96
H481 OBTAIN AND RECORD TEMPERATURES	96
H476 OBTAIN AND RECORD BLOOD PRESSURES	96
K595 IDENTIFY SIGNS AND SYMPTOMS OF DERMATOLOGICAL PROBLEMS	96
K578 APPLY STERILE DRESSINGS	96
H464 MAINTAIN STERILE FIELDS	96
P754 CONDUCT SICK CALL	93
K601 MAINTAIN TREATMENT ROOM SUPPLIES	93
H421 APPLY ELASTIC BANDAGES	93
K573 ADMINISTER LOCAL ANESTHETICS	93
H441 ESTABLISH POSITIVE PATIENT RAPPORT	89
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	89
P809 PRESCRIBE TREATMENTS	89
K614 PREPARE REPORTS OF TREATMENT	89
E301 ORDER SUPPLIES USING SHOPPING GUIDES	89
K593 IDENTIFY SIGNS AND SYMPTOMS OF ALLERGIC RHINITIS	89
H435 CHANGE DRESSINGS	89
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	89
K594 IDENTIFY SIGNS AND SYMPTOMS OF CHRONIC BRONCHITIS	89
K619 SUTURE LACERATIONS	89
K604 PERFORM FLUORESCENT EYE TESTS	89
P771 IDENTIFY AND TREAT FRACTURES OR DISLOCATIONS	89
K574 ADMINISTER PRIMARY CARE AT SCENE OF ACCIDENTS	89

TABLE B-11

GROUP ID NUMBER AND TITLE: GRP383, OUTPATIENT IMMUNIZATION
 GROUP SIZE: 14 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 64
 AVERAGE TAFMS: 75

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H391 ADMINISTER ALLERGY EXTRACTS	100
J554 ADMINISTER TUBERCULIN SKIN TESTS	100
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	100
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	100
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	100
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	100
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	100
J548 ADMINISTER INTRADERMAL INJECTIONS	100
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	93
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	93
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	93
H476 OBTAIN AND RECORD BLOOD PRESSURES	93
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	93
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	93
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	93
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	93
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	93
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	93
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	93
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	86
H481 OBTAIN AND RECORD TEMPERATURES	86
J551 ADMINISTER ORAL VACCINES	86
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	86
E284 LABEL SPECIMENS	86
E171 ANNOTATE TREATMENTS TO PATIENT TREATMENT RECORDS	86

TABLE B-12

GROUP ID NUMBER AND TITLE: GRP397, PATIENT PREPARATION
 GROUP SIZE: 20 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 75
 AVERAGE TAFMS: 77

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H481 OBTAIN AND RECORD TEMPERATURES	95
K620 TAKE THROAT CULTURES	95
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	95
H476 OBTAIN AND RECORD BLOOD PRESSURES	90
H464 MAINTAIN STERILE FIELDS	90
K578 APPLY STERILE DRESSINGS	90
H415 APPLY ARM SLING BANDAGES	90
H461 INSTRUCT PATIENTS IN CRUTCH WALKING TECHNIQUES	90
H421 APPLY ELASTIC BANDAGES	85
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	85
K619 SUTURE LACERATIONS	85
K577 APPLY PLASTER SPLINTS	85
H399 ADMINISTER EYE IRRIGATIONS	85
H480 OBTAIN AND RECORD RADIAL PULSE	80
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	80
E310 PREPARE EMERGENCY REPORTS, SUCH AS INJURY, ANIMAL BITE, OR POISONING REPORTS	80
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	80
G350 PREPARE EYE IRRIGATIONS	80
H435 CHANGE DRESSINGS	80
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	80
E271 INITIATE OR ANNOTATE SF FORMS 558 (MEDICAL RECORD- EMERGENCY CARE AND TREATMENT)	75
K588 DRIVE AMBULANCES, OTHER THAN CRASH OR AMBUS	75
G337 INSPECT AND RESTOCK EMERGENCY CARTS	75
H470 MOVE OR TRANSPORT PATIENTS	75
G373 PREPARE WOUND IRRIGATIONS	75

TABLE B-13

GROUP ID NUMBER AND TITLE: GRP248, WARD CARE PERSONNEL
 GROUP SIZE: 738 PERCENT OF SAMPLE: 24
 AVERAGE PAYGRADE: E-3 AVERAGE TICF: 38
 AVERAGE IAFMS: 43

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	98
H481 OBTAIN AND RECORD TEMPERATURES	96
H477 OBTAIN AND RECORD BODY WEIGHT	95
H466 MEASURE AND RECORD INTAKE AND OUTPUT	95
H393 ADMINISTER BED PANS OR URINALS	94
L627 MAKE BEDS OTHER THAN POSTOPERATIVE OR RECOVERY	93
L632 SERVE NOURISHMENT TO PATIENTS	90
H436 CLEAN PATIENT CARE AREAS	90
H464 MAINTAIN STERILE FIELDS	89
H480 OBTAIN AND RECORD RADIAL PULSE	89
L624 CLEAN WARD UTILITY AREAS	89
H470 MOVE OR TRANSPORT PATIENTS	88
G359 PREPARE OXYGEN EQUIPMENT	88
L621 ADMIT AND ORIENT PATIENTS TO WARDS	88
L622 BATHE ADULTS OR INFANTS	88
H424 APPLY HEAT BY HOT WATER BOTTLES, COMPRESSES, HEATING PADS, THERMAL BLANKETS, OR K-PADS	85
G354 PREPARE ICE BAGS	84
G357 PREPARE K-PADS	83
G387 SET UP INTRAVENOUS EQUIPMENT	83
L628 MAKE POSTOPERATIVE OR RECOVERY BEDS	82
E284 LABEL SPECIMENS	82
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	81
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	81
H390 ACCOMPANY PATIENTS TO APPOINTMENTS OR PROCEDURES	81
G342 PREPARE COLD COMPRESSES	80

TABLE B-14

GROUP ID NUMBER AND TITLE: GRP476, WARD SUPERVISORS
 GROUP SIZE: 126 PERCENT OF SAMPLE: 4
 AVERAGE PAYGRADE: E-4, E-5 AVERAGE TICF: 86
 AVERAGE TAFMS: 97

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	99
H477 OBTAIN AND RECORD BODY WEIGHT	98
H481 OBTAIN AND RECORD TEMPERATURES	98
H466 MEASURE AND RECORD INTAKE AND OUTPUT	97
L627 MAKE BEDS OTHER THAN POSTOPERATIVE OR RECOVERY	96
L621 ADMIT AND ORIENT PATIENTS TO WARDS	96
H470 MOVE OR TRANSPORT PATIENTS	95
L632 SERVE NOURISHMENT TO PATIENTS	95
H464 MAINTAIN STERILE FIELDS	95
G359 PREPARE OXYGEN EQUIPMENT	95
G337 INSPECT AND RESTOCK EMERGENCY CARTS	94
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	94
H436 CLEAN PATIENT CARE AREAS	94
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	93
H393 ADMINISTER BED PANS OR URINALS	93
G387 SET UP INTRAVENOUS EQUIPMENT	93
E284 LABEL SPECIMENS	93
L622 BATHE ADULTS OR INFANTS	92
H435 IDENTIFY PROBLEMS AND NEEDS OF PATIENTS	91
H480 OBTAIN AND RECORD RADIAL PULSE	91
L628 MAKE POSTOPERATIVE OR RECOVERY BEDS	90
H435 CHANGE DRESSINGS	90
H424 APPLY HEAT BY HOT WATER BOTTLES, COMPRESSES, HEATING PADS, THERMAL BLANKETS, OR K-PADS	90
H426 APPLY SUCTION TO PATIENTS	90
G357 PREPARE K-PADS	90

TABLE B-15

GROUP ID NUMBER AND TITLE: GRP524, FIELD EMERGENCY PERSONNEL
 GROUP SIZE: 7 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 65
 AVERAGE TAFMS: 65

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H480 OBTAIN AND RECORD RADIAL PULSE	100
H481 OBTAIN AND RECORD TEMPERATURES	100
H426 APPLY SUCTION TO PATIENTS	100
H470 MOVE OR TRANSPORT PATIENTS	100
G342 PREPARE COLD COMPRESSES	100
G345 PREPARE DRESSING TRAYS	100
G347 PREPARE ENEMAS	100
G352 PREPARE HOT COMPRESSES	100
G354 PREPARE ICE BAGS	100
H398 ADMINISTER ENEMAS	100
H435 CHANGE DRESSINGS	100
H464 MAINTAIN STERILE FIELDS	100
H467 MONITOR BLOOD TRANSFUSIONS	100
H471 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENT	100
H472 OBSERVE AND REPORT ON PATIENTS IN SERIOUS OR CRITICAL CONDITION	100
H393 ADMINISTER BED PANS OR URINALS	100
H477 OBTAIN AND RECORD BODY WEIGHT	100
H492 PERFORM POST MORTEM CARE	86
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	86
H421 APPLY ELASTIC BANDAGES	86
H487 PERFORM CARDIOPULMONARY RESUSCITATION (CPR)	86
H444 FEED PATIENTS	86
G359 PREPARE OXYGEN EQUIPMENT	86
H434 ATTACH CARDIAC MONITORING LEADS TO PATIENTS	86
H436 CLEAN PATIENT CARE AREAS	86

TABLE B-16

GROUP ID NUMBER AND TITLE: GRP485, FIRST TERM WARD PERSONNEL
 GROUP SIZE: 385 PERCENT OF SAMPLE: 13
 AVERAGE PAYGRADE: E-3 AVERAGE TICF: 26
 AVERAGE TAFMS: 31

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H390 ADMINISTER BED PANS OR URINALS	99
H476 OBTAIN AND RECORD BLOOD PRESSURES	98
H466 MEASURE AND RECORD INTAKE AND OUTPUT	97
H481 OBTAIN AND RECORD TEMPERATURES	97
H477 OBTAIN AND RECORD BODY WEIGHT	97
H435 CHANGE DRESSINGS	95
L627 MAKE BEDS OTHER THAN POSTOPERATIVE OR RECOVERY	94
H446 GIVE SKIN CARE	93
H480 OBTAIN AND RECORD RADIAL PULSE	92
L632 SERVE NOURISHMENT TO PATIENTS	92
H436 CLEAN PATIENT CARE AREAS	92
H424 APPLY HEAT BY HOT WATER BOTTLES, COMPRESSES, HEATING PADS, THERMAL BLANKETS, OR K-PADS	92
H470 MOVE OR TRANSPORT PATIENTS	92
H464 MAINTAIN STERILE FIELDS	91
G357 PREPARE K-PADS	91
H390 ACCOMPANY PATIENTS TO APPOINTMENTS OR PROCEDURES	90
L621 ADMIT AND ORIENT PATIENTS TO WARDS	89
G359 PREPARE OXYGEN EQUIPMENT	89
L624 CLEAN WARD UTILITY AREAS	89
G354 PREPARE ICE BAGS	88
H420 APPLY COLD BY ICE BAGS, COMPRESSES, OR CHEMICAL COLD PACKS	88
L622 BATHE ADULTS OR INFANTS	88
H444 FEED PATIENTS	88
H491 PERFORM ORAL HYGIENE	86
H426 APPLY SUCTION TO PATIENTS	86

TABLE B-17

GROUP ID NUMBER AND TITLE: GRP620, OBSTETRICS

GROUP SIZE: 166

PERCENT OF SAMPLE: 5

AVERAGE PAYGRADE: E-3

AVERAGE TICF: 28

AVERAGE TAFMS: 31

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	99
H481 OBTAIN AND RECORD TEMPERATURES	97
G344 PREPARE DELIVERY ROOMS	96
L627 MAKE BEDS OTHER THAN POSTOPERATIVE OR RECOVERY	95
H466 MEASURE AND RECORD INTAKE AND OUTPUT	95
L628 MAKE POSTOPERATIVE OR RECOVERY BEDS	93
H494 PERFORM POSTDELIVERY CARE OR PROCEDURES FOR BABIES	93
H477 OBTAIN AND RECORD BODY WEIGHT	92
L623 CLEAN DELIVERY ROOMS	92
H393 ADMINISTER BED PANS OR URINALS	92
L632 SERVE NOURISHMENT TO PATIENTS	91
G359 PREPARE OXYGEN EQUIPMENT	91
H432 ASSIST WITH DELIVERIES OF BABIES	90
T902 OBTAIN FETAL HEART TONES	90
H443 FEED BABIES	90
L624 CLEAN WARD UTILITY AREAS	90
H464 MAINTAIN STERILE FIELDS	90
L622 BATHE ADULTS OR INFANTS	89
T906 OBTAIN URINE SPECIMENS	88
H480 OBTAIN AND RECORD RADIAL PULSE	87
L621 ADMIT AND ORIENT PATIENTS TO WARDS	87
E284 LABEL SPECIMENS	86
G362 PREPARE PATIENTS FOR OBSTETRICAL PROCEDURES	85
H436 CLEAN PATIENT CARE AREAS	85
H470 MOVE OR TRANSPORT PATIENTS	83

TABLE B-18

GROUP ID NUMBER AND TITLE: GRP607, ICU/PEDIATRICS

GROUP SIZE: 15

PERCENT OF SAMPLE: LESS THAN 1%

AVERAGE PAYGRADE: E-3

AVERAGE TICF: 26

AVERAGE TAFMS: 28

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H443 FEED BABIES	100
H481 OBTAIN AND RECORD TEMPERATURES	100
H486 PERFORM AND RECORD URINE SPECIFIC GRAVITY TESTS	100
H466 MEASURE AND RECORD INTAKE AND OUTPUT	100
L622 BATHE ADULTS OR INFANTS	100
H477 OBTAIN AND RECORD BODY WEIGHT	100
H482 OBTAIN BLOOD FROM BLOOD BANK	100
T906 OBTAIN URINE SPECIMENS	100
H494 PERFORM POSTDELIVERY CARE OR PROCEDURES FOR BABIES	93
H476 OBTAIN AND RECORD BLOOD PRESSURES	93
H436 CLEAN PATIENT CARE AREAS	93
G378 SET UP EQUIPMENT FOR CARDIAC RESPIRATORY MONITORING	93
H434 ATTACH CARDIAC MONITORING LEADS TO PATIENTS	93
H426 APPLY SUCTION TO PATIENTS	93
H449 IDENTIFY AND CARE FOR RESPIRATORY DISTRESS	93
L624 CLEAN WARD UTILITY AREAS	93
E284 LABEL SPECIMENS	93
T914 PERFORM URINE TEST FOR SUGAR AND ACETONE	87
G387 SET UP INTRAVENOUS EQUIPMENT	87
G337 INSPECT AND RESTOCK EMERGENCY CARTS	87
H439 DISPOSE OF CONTAMINATED MATERIAL	87
T898 ASSIST WITH SPINAL PUNCTURES	87
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	87
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	87
H469 MONITOR PATIENTS ON ASSISTED VENTILATION	80

TABLE B-19

GROUP ID NUMBER AND TITLE: GRP287, INPATIENT ADMITTING
 GROUP SIZE: 25 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-3 AVERAGE TICF: 27
 AVERAGE TAFMS: 32

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
L621 ADMIT AND ORIENT PATIENTS TO WARDS	100
L627 MAKE BEDS OTHER THAN POSTOPERATIVE OR RECOVERY	96
H476 OBTAIN AND RECORD BLOOD PRESSURES	92
L624 CLEAN WARD UTILITY AREAS	92
L632 SERVE NOURISHMENT TO PATIENTS	92
H477 OBTAIN AND RECORD BODY WEIGHT	92
H393 ADMINISTER BED PANS OR URINALS	84
L629 ORIENT VISITORS TO WARDS	80
H424 APPLY HEAT BY HOT WATER BOTTLES, COMPRESSES, HEATING PADS, THERMAL BLANKETS, OR K-PADS	80
L622 BATHE ADULTS OR INFANTS	80
H435 CHANGE DRESSINGS	76
H481 OBTAIN AND RECORD TEMPERATURES	72
H480 OBTAIN AND RECORD RADIAL PULSE	68
G354 PREPARE ICE BAGS	68
L633 SET UP HUMIDIFIERS OR VAPORIZERS	68
L628 MAKE POSTOPERATIVE OR RECOVERY BEDS	64
H436 CLEAN PATIENT CARE AREAS	64
H466 MEASURE AND RECORD INTAKE AND OUTPUT	64
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	64
H390 ACCOMPANY PATIENTS TO APPOINTMENTS OR PROCEDURES	60
G387 SET UP INTRAVENOUS EQUIPMENT	60
G342 PREPARE COLD COMPRESSES	60
H392 ADMINISTER AND MONITOR INTRAVENOUS INFUSIONS	56
H470 MOVE OR TRANSPORT PATIENTS	56
G357 PREPARE K-PADS	56

TABLE B-20

GROUP ID NUMBER AND TITLE: GRP426, AEROMEDICAL STAGING - MAC
 GROUP SIZE: 14 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-3, E-4 AVERAGE TICF: 35
 AVERAGE TAEMS: 38

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
M643 ENPLANE OR DEPLANE PATIENTS	100
M649 MAKE UP LITTERS	100
H476 OBTAIN AND RECORD BLOOD PRESSURES	100
L635 TURN PATIENTS USING STRYKER FRAMES	100
H466 MEASURE AND RECORD INTAKE AND OUTPUT	100
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	93
H481 OBTAIN AND RECORD TEMPERATURES	93
H435 CHANGE DRESSINGS	93
H393 ADMINISTER BED PANS OR URINALS	93
H426 APPLY SUCTION TO PATIENTS	93
H464 MAINTAIN STERILE FIELDS	93
G357 PREPARE K-PADS	93
H470 MOVE OR TRANSPORT PATIENTS	86
M637 ARRANGE FOR SPECIAL DIETS TO ACCOMPANY AIR EVACUATION PATIENTS	86
G359 PREPARE OXYGEN EQUIPMENT	86
L632 SERVE NOURISHMENT TO PATIENTS	86
G388 SET UP STRYKER FRAMES	86
H444 FEED PATIENTS	86
H446 GIVE SKIN CARE	86
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	79
H448 IDENTIFY AND CARE FOR PSYCHIATRIC PATIENTS	79
H471 OBSERVE AND REPORT EMOTIONAL STATUS OR NEEDS OF PATIENTS	79
H475 OBTAIN AND RECORD APICAL PULSE	79
H506 TURN PATIENTS MANUALLY	79
H436 CLEAN PATIENT CARE AREAS	79

TABLE B-21

GROUP ID NUMBER AND TITLE: GRP96, OUTPATIENT
 GROUP SIZE: 239 PERCENT OF SAMPLE: 8
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 59
 AVERAGE TAFMS: 65

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	89
H481 OBTAIN AND RECORD TEMPERATURES	85
H477 OBTAIN AND RECORD BODY WEIGHT	85
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	82
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	79
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	78
E284 LABEL SPECIMENS	78
K620 TAKE THROAT CULTURES	77
E323 SCHEDULE PATIENT'S APPOINTMENTS	77
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	76
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	74
E317 PULL OR FILE MEDICAL RECORDS	70
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	67
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	66
K591 HAND INSTRUMENTS TO PHYSICIAN	62
K601 MAINTAIN TREATMENT ROOM SUPPLIES	61
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	59
E179 EXPLAIN MEDICAL FACILITY POLICIES TO PATIENTS	55
H441 ESTABLISH POSITIVE PATIENT RAPPORT	54
E260 INITIATE OR ANNOTATE SF FORMS 547 (CHEMISTRY II)	54
E171 ANNOTATE TREATMENTS TO PATIENT TREATMENT RECORDS	54
H436 CLEAN PATIENT CARE AREAS	54
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	53
H464 MAINTAIN STERILE FIELDS	53
K617 SCREEN PATIENTS AT SICK CALL	53

TABLE B-22

GROUP ID NUMBER AND TITLE: GRP213, FAMILY PRACTICE
 GROUP SIZE: 147 PERCENT OF SAMPLE: 5
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 67
 AVERAGE TAFMS: 68

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	93
H476 OBTAIN AND RECORD BLOOD PRESSURES	91
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	91
H477 OBTAIN AND RECORD BODY WEIGHT	90
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	89
H481 OBTAIN AND RECORD TEMPERATURES	88
E284 LABEL SPECIMENS	88
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	82
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	82
E323 SCHEDULE PATIENT'S APPOINTMENTS	81
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	80
K620 TAKE THROAT CULTURES	79
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	78
E317 PULL OR FILE MEDICAL RECORDS	77
K591 HAND INSTRUMENTS TO PHYSICIAN	77
K601 MAINTAIN TREATMENT ROOM SUPPLIES	73
H464 MAINTAIN STERILE FIELDS	71
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	71
H442 EXPLAIN TREATMENT OR SELF-CARE TO PATIENTS	65
H436 CLEAN PATIENT CARE AREAS	65
E260 INITIATE OR ANNOTATE SF FORMS 547 (CHEMISTRY II)	65
E171 ANNOTATE TREATMENTS TO PATIENT TREATMENT RECORDS	63
H441 ESTABLISH POSITIVE PATIENT RAPPORT	62
H455 IDENTIFY PROBLEMS AND NEEDS OF PATIENTS	62
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	62

TABLE B-23

GROUP ID NUMBER AND TITLE: GRP258, ADMINISTRATIVE SPECIALISTS
 GROUP SIZE: 52 PERCENT OF SAMPLE: 2
 AVERAGE PAYGRADE: E-3, E-4 AVERAGE TICF: 42
 AVERAGE TAFMS: 48

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
H476 OBTAIN AND RECORD BLOOD PRESSURES	98
H481 OBTAIN AND RECORD TEMPERATURES	94
H477 OBTAIN AND RECORD BODY WEIGHT	88
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	83
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	83
K620 TAKE THROAT CULTURES	83
E317 PULL OR FILE MEDICAL RECORDS	77
K617 SCREEN PATIENTS AT SICK CALL	71
E323 SCHEDULE PATIENT'S APPOINTMENTS	71
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	71
E266 INITIATE OR ANNOTATE SF FORMS 553 (MICROBIOLOGY I)	65
E284 LABEL SPECIMENS	60
H480 OBTAIN AND RECORD RADIAL PULSE	56
G346 PREPARE EAR IRRIGATIONS	56
H441 ESTABLISH POSITIVE PATIENT RAPPORT	52
E270 INITIATE OR ANNOTATE SF FORMS 557 (MISCELLANEOUS)	52
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	52
E179 EXPLAIN MEDICAL FACILITY POLICIES TO PATIENTS	50
E210 INITIATE OR ANNOTATE AF FORMS 555 (PATIENT VISIT REGISTER)	50
E280 INITIATE, ANNOTATE, AND FILE AF FORMS 250 (HEALTH RECORD CHARGE OUT REQUEST)	50
E313 PREPARE OR SUBMIT DAILY PATIENT COUNT STATISTICS	48
H397 ADMINISTER EAR IRRIGATIONS	46
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	46
E260 INITIATE OR ANNOTATE SF FORMS 547 (CHEMISTRY II)	46
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	46

TABLE B-24

GROUP ID NUMBER AND TITLE: GRP145, ALLERGY SPECIALISTS
 GROUP SIZE: 138 PERCENT OF SAMPLE: 4
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 62
 AVERAGE TAFMS: 77

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J554 ADMINISTER TUBERCULIN SKIN TESTS	97
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	97
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	96
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	96
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	96
J548 ADMINISTER INTRADERMAL INJECTIONS	94
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	93
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	93
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	93
H391 ADMINISTER ALLERGY EXTRACTS	91
J551 ADMINISTER ORAL VACCINES	90
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	90
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	90
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	89
E298 MAINTAIN PATIENT ALLERGY RECORD FILES	88
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	87
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	87
J558 CONSULT WITH PHYSICIANS ON DETERMINATION OF PATIENTS' ALLERGY MEDICATION	86
E374 PREPARE PATIENT ALLERGY RECORDS	85
E174 COORDINATE WITH CBPO ON PROBLEMS REGARDING IMMUNIZATION CARD DECKS OR MACHINE PRINTOUTS	82
J546 ADMINISTER IMMEDIATE AND DELAYED SKIN TESTS	82
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMIC REACTIONS	82
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	80
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	80
N664 ADMINISTER INTRADERMAL TESTS	78

TABLE B-25

GROUP ID NUMBER AND TITLE: GRP584, FIRST TERM ALLERGY SPECIAL
 GROUP SIZE: 29 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-3, E-4 AVERAGE TICF: 46
 AVERAGE TAFMS: 54

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J554 ADMINISTER TUBERCULIN SKIN TESTS	100
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	100
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	100
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	100
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	100
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	97
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	97
J548 ADMINISTER INTRADERMAL INJECTIONS	97
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	93
J551 ADMINISTER ORAL VACCINES	93
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	93
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	90
J558 CONSULT WITH PHYSICIANS ON DETERMINATION OF PATIENTS' ALLERGY MEDICATION	90
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	86
H391 ADMINISTER ALLERGY EXTRACTS	86
E314 PREPARE PATIENT ALLERGY RECORDS	86
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	86
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	83
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	83
E298 MAINTAIN PATIENT ALLERGY RECORD FILES	83
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	83
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMIC REACTIONS	83
G338 MAINTAIN EMERGENCY DRUG TRAYS	79
E174 COORDINATE WITH CBPO ON PROBLEMS REGARDING IMMUNIZATION CARD DECKS OR MACHINE PRINTOUTS	72
E175 COORDINATE WITH COMMANDERS OR SUPERVISORS REGARDING NO- SHOWS FOR IMMUNIZATIONS	72

TABLE B-26

GROUP ID NUMBER AND TITLE: GRP860, SENIOR LEVEL ALLERGY SPECIALIST
 GROUP SIZE: 93 PERCENT OF SAMPLE: 3
 AVERAGE PAYGRADE: E-4 AVERAGE TICF: 62
 AVERAGE TAFMS: 79

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
J554 ADMINISTER TUBERCULIN SKIN TESTS	100
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	100
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	100
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	100
J548 ADMINISTER INTRADERMAL INJECTIONS	100
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	99
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	98
H391 ADMINISTER ALLERGY EXTRACTS	98
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	98
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	97
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	97
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	96
E298 MAINTAIN PATIENT ALLERGY RECORD FILES	96
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	95
N666 ADMINISTER PRICK TESTS	95
N664 ADMINISTER INTRADERMAL TESTS	95
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	94
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	94
J546 ADMINISTER IMMEDIATE AND DELAYED SKIN TESTS	94
J558 CONSULT WITH PHYSICIANS ON DETERMINATION OF PATIENTS' ALLERGY MEDICATION	94
N676 INTERPRET AND RECORD RESULTS OF INTRADERMAL TESTS	94
J551 ADMINISTER ORAL VACCINES	92
N673 INTERPRET AND RECORD PRICK TESTS	91
E314 PREPARE PATIENT ALLERGY RECORDS	90
Q821 INSTRUCT PATIENTS ON PROPER CARE OF ALLERGY EXTRACTS	89

TABLE B-27

GROUP ID NUMBER AND TITLE: GRP80, CAREER LADDER MANAGERS
 GROUP SIZE: 302 PERCENT OF SAMPLE: 10
 AVERAGE PAYGRADE: E-7 AVERAGE TICF: 185
 AVERAGE TAFMS: 214

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	91
C93 CONDUCT SELF-INSPECTIONS	84
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	79
A17 ESTABLISH WORK PRIORITIES	79
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	79
C117 PREPARE APRS	79
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	79
A36 SCHEDULE LEAVES OR PASSES	78
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	77
C118 PREPARE RECOMMENDATIONS FOR SPECIAL AWARDS OR DECORATIONS	77
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	76
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	76
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	76
B52 DRAFT OR REVISE JOB DESCRIPTIONS	74
A14 ESTABLISH PERFORMANCE STANDARDS	73
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	72
B45 DIRECT ADMINISTRATIVE FUNCTIONS	72
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	72
A7 DETERMINE PERSONNEL REQUIREMENTS	71
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRUCTIONS OR STANDING OPERATING PROCEDURES	71
C102 EVALUATE JOB DESCRIPTIONS	70
E309 PREPARE CORRESPONDENCE	69
C90 ADVISE SUBORDINATES ON RESOLUTION OF TECHNICAL PROBLEMS	67
B61 INITIATE CORRECTIVE ACTIONS BASED ON INSPECTION DEFICIENCY REPORTS	67
C100 EVALUATE INDIVIDUALS FOR PROMOTION, DEMOTION, OR RECLASSIFICATION	65

TABLE B-28

GROUP ID NUMBER AND TITLE: GRP327, CAREER LADDER SUPERINTENDENTS
 GROUP SIZE: 150 PERCENT OF SAMPLE: 5
 AVERAGE PAYGRADE: E-8 AVERAGE TICF: 209
 AVERAGE TAFMS: 245

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	97
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	93
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	92
C93 CONDUCT SELF-INSPECTIONS	92
C118 PREPARE RECOMMENDATIONS FOR SPECIAL AWARDS OR DECORATIONS	89
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	89
A2 ASSIGN SPONSORS FOR NEWLY ASSIGNED PERSONNEL	89
A7 DETERMINE PERSONNEL REQUIREMENTS	88
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	88
C102 EVALUATE JOB DESCRIPTIONS	87
B52 DRAFT OR REVISE JOB DESCRIPTIONS	87
B45 DIRECT ADMINISTRATIVE FUNCTIONS	86
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	86
A14 ESTABLISH PERFORMANCE STANDARDS	86
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRUCTIONS OR STANDING OPERATING PROCEDURES	85
A36 SCHEDULE LEAVES OR PASSES	84
A8 DEVELOP OR REVISE ORGANIZATION OF SECTION	84
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	83
A37 SCHEDULE PERSONNEL FOR SCHOOL OR SPECIAL TEMPORARY DUTY (TDY) ASSIGNMENTS	82
C117 PREPARE APRS	81
B61 INITIATE CORRECTIVE ACTIONS BASED ON INSPECTION DEFICIENCY REPORTS	81
A17 ESTABLISH WORK PRIORITIES	79
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	79
A9 DEVELOP OR UPDATE ORGANIZATIONAL CHARTS	79
C100 EVALUATE INDIVIDUALS FOR PROMOTION, DEMOTION, OR RECLASSIFICATION	78

TABLE B-29

GROUP ID NUMBER AND TITLE: GRP365, NCOICs OUTPATIENT CARE
 GROUP SIZE: 62 PERCENT OF SAMPLE: 2
 AVERAGE PAYGRADE: E-6 AVERAGE TICF: 136
 AVERAGE TAFMS: 159

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	98
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	97
H476 OBTAIN AND RECORD BLOOD PRESSURES	97
A17 ESTABLISH WORK PRIORITIES	97
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	94
C93 CONDUCT SELF-INSPECTIONS	94
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	92
A13 ESTABLISH EQUIPMENT OR SUPPLY LEVELS	90
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	89
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	89
C117 PREPARE APRS	89
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	89
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	89
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	87
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	87
E284 LABEL SPECIMENS	85
A36 SCHEDULE LEAVES OR PASSES	85
H481 OBTAIN AND RECORD TEMPERATURES	84
H477 OBTAIN AND RECORD BODY WEIGHT	84
D129 CONDUCT OJT	84
E323 SCHEDULE PATIENT'S APPOINTMENTS	84
H441 ESTABLISH POSITIVE PATIENT RAPPORT	82
D141 MAINTAIN TRAINING RECORDS	82
E171 ANNOTATE TREATMENTS TO PATIENT TREATMENT RECORDS	81
E289 MAINTAIN BULLETINS, MANUALS, OR PUBLICATIONS	81

TABLE B-30

GROUP ID NUMBER AND TITLE: GRP506, NCOIC WARD CARE
 GROUP SIZE: 20 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-6 AVERAGE TICF: 134
 AVERAGE TAFMS: 149

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	100
C117 PREPARE APRS	100
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	100
A13 ESTABLISH EQUIPMENT OR SUPPLY LEVELS	95
B141 MAINTAIN TRAINING RECORDS	95
D129 CONDUCT OJT	95
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	90
A36 SCHEDULE LEAVES OR PASSES	90
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	90
A17 ESTABLISH WORK PRIORITIES	90
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	90
C93 CONDUCT SELF-INSPECTIONS	90
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	90
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	85
C91 CONDUCT FIRE INSPECTIONS	85
H466 MEASURE AND RECORD INTAKE AND OUTPUT	85
B79 SUPERVISE MEDICAL SERVICE SPECIALISTS (AFSC 90250)	80
D135 DIRECT OJT	80
B42 CONDUCT STAFF MEETINGS	80
A14 ESTABLISH PERFORMANCE STANDARDS	80
A11 DRAFT BUDGET ESTIMATES	80
L621 ADMIT AND ORIENT PATIENTS TO WARDS	80
H476 OBTAIN AND RECORD BLOOD PRESSURES	80
H470 MOVE OR TRANSPORT PATIENTS	80
H481 OBTAIN AND RECORD TEMPERATURES	80

TABLE B-31

GROUP ID NUMBER AND TITLE: GRP462, PROFESSIONAL SERVICES PERSONNEL
 GROUP SIZE: 7 PERCENT OF SAMPLE: 0
 AVERAGE PAYGRADE: E-8 AVERAGE TICF: 252
 AVERAGE TAFMS: 263

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E309 PREPARE CORRESPONDENCE	100
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	100
B45 DIRECT ADMINISTRATIVE FUNCTIONS	100
B50 DIRECT PREPARATION AND MAINTENANCE OF RECORDS OR REPORTS	100
C121 WRITE STAFF STUDIES, SURVEYS, OR SPECIAL REPORTS	100
B51 DRAFT CHANGES TO MANUALS OR TECHNICAL PUBLICATIONS	100
A33 PREPARE RECOMMENDATIONS FOR CHANGES TO GOVERNING DIREC- TIVES, STANDARDS, OR LOCAL OPERATING PROCEDURES	100
A7 DETERMINE PERSONNEL REQUIREMENTS	100
E300 MAINTAIN WAIVER FILES	86
C107 EVALUATE ROUTINE REPORTS	86
C101 EVALUATE INSPECTION REPORTS OR PROCEDURES	86
C97 EVALUATE ADMINISTRATIVE FORMS, FILES, OR PROCEDURES	86
C105 EVALUATE QUALITY OF PATIENT CARE	86
A24 PLAN OR PREPARE BRIEFINGS	86
C110 EVALUATE SUGGESTIONS	86
C118 PREPARE RECOMMENDATIONS FOR SPECIAL AWARDS OR DECORATIONS	86
B71 REVISE MANUALS OR TECHNICAL PUBLICATIONS	86
B62 INITIATE REQUESTS FOR PERSONNEL REPLACEMENTS	86
C90 ADVISE SUBORDINATES ON RESOLUTION OF TECHNICAL PROBLEMS	71
C114 INSPECT PHYSICAL LAYOUT OF MEDICAL SERVICE FACILITIES	71
C103 EVALUATE MAINTENANCE OF STATUS BOARDS OR CHARTS	71
E306 PREPARE AEROSPACE MEDICINE REPORTS	71
E289 MAINTAIN BULLETINS, MANUALS, OR PUBLICATIONS	71
A37 SCHEDULE PERSONNEL FOR SCHOOL OR SPECIAL TEMPORARY DUTY (TDY) ASSIGNMENTS	71
B41 BRIEF SUPERVISORY PERSONNEL ON INSPECTION FINDINGS	71

TABLE B-32

GROUP ID NUMBER AND TITLE: GRP119, TRAINING PERSONNEL
 GROUP SIZE: 49 PERCENT OF SAMPLE: 2
 AVERAGE PAYGRADE: E-5 AVERAGE TICF: 96
 AVERAGE TAFMS: 113

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
D127 CONDUCT FORMAL CLASSROOM TRAINING FOR MEDICAL PERSONNEL	96
D132 COUNSEL STUDENTS OR TRAINEES ON TRAINING PROGRESS	90
D125 ADMINISTER ORAL, WRITTEN, OR PERFORMANCE TESTS	84
D140 MAINTAIN TRAINING EQUIPMENT	84
D148 PREPARE OR REVISE LESSON PLANS	80
D144 PERFORM EMERGENCY MEDICAL TRAINING, SUCH AS FIRST AID OR CARDIOPULMONARY RESUSCITATION	76
D131 CONSTRUCT OR DEVELOP TRAINING MATERIALS	76
D142 OBTAIN TRAINING AIDS, SPACE, OR EQUIPMENT	71
D147 PREPARE OR EVALUATE TEST ITEMS	71
D141 MAINTAIN TRAINING RECORDS	69
D149 PREPARE WORKBOOKS OR STUDY GUIDES	67
D150 REVIEW TRAINING PROGRESS OF INDIVIDUALS	61
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	59
D143 PARTICIPATE IN TRAINING WORKSHOPS OR CONFERENCES	49
D153 SCHEDULE FORMAL CLASSROOM TRAINING	49
D139 INSTRUCT TRAINERS	47
D146 PREPARE COURSE CURRICULA, POI, OR SPECIALTY TRAINING STANDARDS (STS)	43
A24 PLAN OR PREPARE BRIEFINGS	41
D126 ADMINISTER RESIDENT COURSE EXAMINATIONS	39
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	39
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	39
D134 DETERMINE TRAINING REQUIREMENTS	39
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	39
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	37
E309 PREPARE CORRESPONDENCE	37

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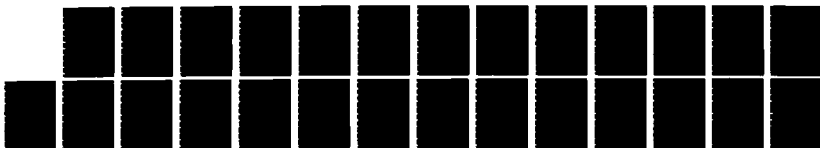
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FORCE OCCUPATIONAL MEASUREMENT CENTER RANDOLPH AFB TX
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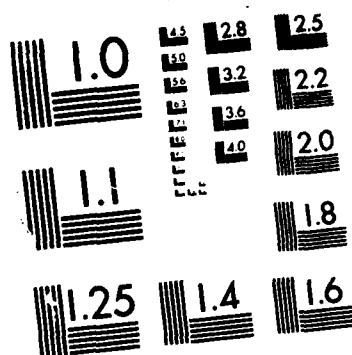
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MICROCOPY RESOLUTION TEST
NATIONAL BUREAU OF STANDARDS 1963-A

TABLE B-33

GROUP ID NUMBER AND TITLE: GRP721, OJT PERSONNEL
 GROUP SIZE: 13 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-6 AVERAGE TICF: 121
 AVERAGE TAFMS: 125

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
D127 CONDUCT FORMAL CLASSROOM TRAINING FOR MEDICAL PERSONNEL	100
D142 OBTAIN TRAINING AIDS, SPACE, OR EQUIPMENT	100
D148 PREPARE OR REVISE LESSON PLANS	100
D141 MAINTAIN TRAINING RECORDS	100
D131 CONSTRUCT OR DEVELOP TRAINING MATERIALS	100
D153 SCHEDULE FORMAL CLASSROOM TRAINING	100
D140 MAINTAIN TRAINING EQUIPMENT	100
D144 PERFORM EMERGENCY MEDICAL TRAINING, SUCH AS FIRST AID OR CARDIOPULMONARY RESUSCITATION	92
D147 PREPARE OR EVALUATE TEST ITEMS	92
D125 ADMINISTER ORAL, WRITTEN, OR PERFORMANCE TESTS	92
D139 INSTRUCT TRAINERS	92
D132 COUNSEL STUDENTS OR TRAINEES ON TRAINING PROGRESS	92
D150 REVIEW TRAINING PROGRESS OF INDIVIDUALS	92
D130 CONDUCT TRAINING CONFERENCES	92
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	92
D149 PREPARE WORKBOOKS OR STUDY GUIDES	85
D134 DETERMINE TRAINING REQUIREMENTS	85
A24 PLAN OR PREPARE BRIEFINGS	85
D156 SELECT OR ASSIGN INSTRUCTORS OR TRAINERS	85
A17 ESTABLISH WORK PRIORITIES	85
B47 DIRECT MAINTENANCE OR UTILIZATION OF EQUIPMENT	85
D143 PARTICIPATE IN TRAINING WORKSHOPS OR CONFERENCES	77
E309 PREPARE CORRESPONDENCE	77
E312 PREPARE OR DISTRIBUTE RECURRING REPORTS	77
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	77

TABLE B-34

GROUP ID NUMBER AND TITLE: GRP474, FIELD EMERGENCY
 GROUP SIZE: 5 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-6 AVERAGE TICF: 114
 AVERAGE TAFMS: 115

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
D127 CONDUCT FORMAL CLASSROOM TRAINING FOR MEDICAL PERSONNEL	100
K575 APPLY BASSWOOD SPLINTS	100
K579 APPLY WIRE LADDER SPLINTS	100
D125 ADMINISTER ORAL, WRITTEN, OR PERFORMANCE TESTS	100
R836 APPLY CRAVETTE BANDAGES	100
R843 PERFORM OR PRACTICE CONTROLLING HEMORRHAGES	100
R851 UTILIZE PERSONAL PROTECTIVE GROUND CREW ENSEMBLE	100
D132 COUNSEL STUDENTS OR TRAINEES ON TRAINING PROGRESS	100
D149 PREPARE WORKBOOKS OR STUDY GUIDES	100
K578 APPLY STERILE DRESSINGS	80
R849 PREVENT OR TREAT PATIENTS FOR SHOCK	80
K576 APPLY MAKESHIFT SPLINTS	80
H415 APPLY ARM SLING BANDAGES	80
H421 APPLY ELASTIC BANDAGES	80
I529 PERFORM HAND OR LITTER CARRIES	80
D131 CONSTRUCT OR DEVELOP TRAINING MATERIALS	80
I542 UNLOAD LITTERS FROM CRASH AMBULANCE	80
D150 REVIEW TRAINING PROGRESS OF INDIVIDUALS	80
I522 LOAD LITTERS INTO CRASH AMBULANCE	80
D126 ADMINISTER RESIDENT COURSE EXAMINATIONS	80
D148 PREPARE OR REVISE LESSON PLANS	80
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	80
D147 PREPARE OR EVALUATE TEST ITEMS	80
D140 MAINTAIN TRAINING EQUIPMENT	80
H470 MOVE OR TRANSPORT PATIENTS	60

TABLE B-35

GROUP ID NUMBER AND TITLE: GRP371, MEDICAL READINESS INSTRUCTOR
 GROUP SIZE: 18 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-5 AVERAGE TICF: 71
 AVERAGE TAFMS: 96

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
D127 CONDUCT FORMAL CLASSROOM TRAINING FOR MEDICAL PERSONNEL	100
D148 PREPARE OR REVISE LESSON PLANS	94
D125 ADMINISTER ORAL, WRITTEN, OR PERFORMANCE TESTS	89
D132 COUNSEL STUDENTS OR TRAINEES ON TRAINING PROGRESS	83
D147 PREPARE OR EVALUATE TEST ITEMS	83
D149 PREPARE WORKBOOKS OR STUDY GUIDES	78
D144 PERFORM EMERGENCY MEDICAL TRAINING, SUCH AS FIRST AID OR CARDIOPULMONARY RESUSCITATION	72
D142 OBTAIN TRAINING AIDS, SPACE, OR EQUIPMENT	72
D140 MAINTAIN TRAINING EQUIPMENT	72
D131 CONSTRUCT OR DEVELOP TRAINING MATERIALS	72
D141 MAINTAIN TRAINING RECORDS	56
D150 REVIEW TRAINING PROGRESS OF INDIVIDUALS	56
D146 PREPARE COURSE CURRICULA, POI, OR SPECIALTY TRAINING STANDARDS (STS)	44
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	39
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	39
D126 ADMINISTER RESIDENT COURSE EXAMINATIONS	39
D143 PARTICIPATE IN TRAINING WORKSHOPS OR CONFERENCES	39
C119 PREPARE RECOMMENDATIONS FOR SPECIAL CORRECTIVE ACTION IN CASES OF RECURRING PROBLEMS	33
A24 PLAN OR PREPARE BRIEFINGS	28
D133 DEMONSTRATE HOW TO LOCATE TECHNICAL INFORMATION	28
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	22
D128 CONDUCT MEDICAL DISASTER TRAINING	22
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	22
A3 ATTEND PROFESSIONAL STAFF MEETINGS	22
D138 IMPLEMENT TRAINING REQUIREMENTS	17

TABLE B-36

GROUP ID NUMBER AND TITLE: GRP263, NEUROLOGY SPECIALISTS
 GROUP SIZE: 27 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-5 AVERAGE TICF: 72
 AVERAGE TAFMS: 110

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	100
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10-20 SYSTEM) FOR EEG	100
S857 APPLY PAST ELECTRODES FOR EEG	100
S884 PREPARE ELECTRODE SITES FOR EEG	100
S861 DETECT AND ELIMINATE ARTIFACTS	100
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	100
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMATION	100
S882 PERFORM SLEEP ACTIVATION EEGS	100
S875 PERFORM EEG USING PHOTIC STIMULATION ACTIVATION	96
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	96
S860 DESIGN AND IMPLEMENT MONTAGES TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	96
S859 CHECK ELECTRODES' IMPEDANCE	96
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	93
S870 PERFORM BEDSIDE EEGS	93
S868 UTILIZE SPECIAL ELECTRODE PLACEMENTS TO DOCUMENT PHYSIOLOGICAL ARTIFACT	81
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	81
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	81
S877 PERFORM ELECTROCEREBRAL SILENCE EEG	81
E323 SCHEDULE PATIENT'S APPOINTMENTS	78
S871 PERFORM EEG USING AVERAGE REFERENCE RECORDING TECHNIQUES	78
S887 PROVIDE CARE FOR NEUROLOGICAL PATIENTS	78
E297 MAINTAIN OUTPATIENT APPOINTMENT BOOKS	70
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	70
S858 APPLY SUBDERMAL ELECTRODES FOR EEG	70
A13 ESTABLISH EQUIPMENT OR SUPPLY LEVELS	67

TABLE B-37

GROUP ID NUMBER AND TITLE: GRP432, EEG TECHNICIANS

GROUP SIZE: 20

PERCENT OF SAMPLE: LESS THAN 1%

AVERAGE PAYGRADE: E-4

AVERAGE TICF: 53

AVERAGE TAFMS: 83

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	100
S875 PERFORM EEG USING PHOTIC STIMULATION ACTIVATION	100
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10-20 SYSTEM) FOR EEG	100
S857 APPLY PAST ELECTRODES FOR EEG	100
S884 PREPARE ELECTRODE SITES FOR EEG	100
S861 DETECT AND ELIMINATE ARTIFACTS	100
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMATION	100
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	100
S882 PERFORM SLEEP ACTIVATION EEGS	100
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	95
S860 DESIGN AND IMPLEMENT MONTAGES TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	95
S859 CHECK ELECTRODES' IMPEDANCE	95
S870 PERFORM BEDSIDE EEGS	95
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	90
S888 UTILIZE SPECIAL ELECTRODE PLACEMENTS TO DOCUMENT PHYSIOLOGICAL ARTIFACT	85
E323 SCHEDULE PATIENT'S APPOINTMENTS	80
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	80
S877 PERFORM ELECTROCEREBRAL SILENCE EEG	80
S871 PERFORM EEG USING AVERAGE REFERENCE RECORDING TECHNIQUES	75
S887 PROVIDE CARE FOR NEUROLOGICAL PATIENTS	75
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	75
S858 APPLY SUBDERMAL ELECTRODES FOR EEG	75
E297 MAINTAIN OUTPATIENT APPOINTMENT BOOKS	70
E313 PREPARE OR SUBMIT DAILY PATIENT COUNT STATISTICS	70
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	60

TABLE B-38

GROUP ID NUMBER AND TITLE: GRP544, NEUROLOGY SUPERVISORS
 GROUP SIZE: 7 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-6+ AVERAGE TICF: 126
 AVERAGE TAFMS: 188

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
A17 ESTABLISH WORK PRIORITIES	100
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	100
S882 PERFORM SLEEP ACTIVATION EEGS	100
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	100
S861 DETECT AND ELIMINATE ARTIFACTS	100
S860 DESIGN AND IMPLEMENT MONTAGES TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	100
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMA- TION	100
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	100
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10- 20 SYSTEM) FOR EEG	100
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	100
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	100
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	100
S857 APPLY PAST ELECTRODES FOR EEG	100
S859 CHECK ELECTRODES' IMPEDANCE	100
S884 PREPARE ELECTRODE SITES FOR EEG	100
A10 DEVELOP OR WRITE LOCAL MEDICAL OPERATING PROCEDURES INSTRUCTIONS OR STANDING OPERATING PROCEDURES	100
E289 MAINTAIN BULLETINS, MANUALS, OR PUBLICATIONS	100
C105 EVALUATE QUALITY OF PATIENT CARE	86
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	86
S883 PERFORM TECHNICAL ANALYSIS OF NEURODIAGNOSTIC PROCEDURES	86
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	86
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	86
B45 DIRECT ADMINISTRATIVE FUNCTIONS	86
S887 PROVIDE CARE FOR NEUROLOGICAL PATIENTS	86
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	86

TABLE B-39

GROUP ID NUMBER AND TITLE: GRP243, AEROMEDICAL EVACUATION
 GROUP SIZE: 83 PERCENT OF SAMPLE: 3
 AVERAGE PAYGRADE: E-5 AVERAGE TICF: 92
 AVERAGE TAFMS: 103

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
M642 ENPLANE OR DEPLANE BAGGAGE	100
M654 PERFORM PATIENT CARE IN-FLIGHT	100
M662 SECURE OR TIE DOWN MEDICAL EQUIPMENT ON AIRCRAFT	99
M649 MAKE UP LITTERS	99
M651 OPERATE IN-FLIGHT OXYGEN SYSTEMS	98
M643 ENPLANE OR DEPLANE PATIENTS	96
M660 PREPARE, MAINTAIN, AND OPERATE MEDICAL EQUIPMENT OR SUPPLIES FOR AIR EVACUATION	94
M640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	93
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	93
M646 IDENTIFY PRIMARY CHARACTERISTICS OF AEROMEDICAL EVACUATION AIRCRAFT	90
M650 OPERATE AEROMEDICAL EVACUATION AIRCRAFT VACUUM SYSTEMS	90
M645 IDENTIFY PATIENT SYMPTOMS ARISING FROM PHYSIOLOGICAL CHANGES DUE TO FLIGHT	89
M663 SERVE IN-FLIGHT MEALS	87
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	87
M658 PREPARE PSYCHIATRIC PATIENTS FOR AIR EVACUATION	86
G388 SET UP STRYKER FRAMES	86
M648 INITIATE AND ANNOTATE MAC AEROMEDICAL EVACUATION FORMS	84
E233 INITIATE OR ANNOTATE DD FORMS 600 (PATIENT'S BAGGAGE TAG)	84
M657 PREPARE PATIENTS OR EQUIPMENT FOR DITCHINGS OR CRASHES	84
M655 PERFORM PREFLIGHT PATIENT BRIEFINGS	82
H476 OBTAIN AND RECORD BLOOD PRESSURES	80
M639 COMPLETE ALTITUDE CHAMBER FLIGHTS	80
E234 INITIATE OR ANNOTATE DD FORMS 601 (PATIENT EVACUATION MANIFEST)	76
H426 APPLY SUCTION TO PATIENTS	76
I529 PERFORM HAND OR LITTER CARRIES	72

TABLE B-40

GROUP ID NUMBER AND TITLE: GRP608, IDS PERSONNEL
 GROUP SIZE: 10 PERCENT OF SAMPLE: LESS THAN 1%
 AVERAGE PAYGRADE: E-5 AVERAGE TICF: 100
 AVERAGE TAFMS: 102

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
M649 MAKE UP LITTERS	100
M662 SECURE OR TIE DOWN MEDICAL EQUIPMENT ON AIRCRAFT	100
M646 IDENTIFY PRIMARY CHARACTERISTICS OF AEROMEDICAL EVACUATION AIRCRAFT	100
M643 ENPLANE OR DEPLANE PATIENTS	100
M640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	100
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	100
M648 INITIATE AND ANNOTATE MAC AEROMEDICAL EVACUATION FORMS	100
E234 INITIATE OR ANNOTATE DD FORMS 601 (PATIENT EVACUATION MANIFEST)	100
M654 PERFORM PATIENT CARE IN-FLIGHT	100
M642 ENPLANE OR DEPLANE BAGGAGE	100
M651 OPERATE IN-FLIGHT OXYGEN SYSTEMS	100
H470 MOVE OR TRANSPORT PATIENTS	100
M650 OPERATE AEROMEDICAL EVACUATION AIRCRAFT VACUUM SYSTEMS	100
M636 ANNOTATE PATIENT AIRLIFT TAGS	100
M660 PREPARE, MAINTAIN, AND OPERATE MEDICAL EQUIPMENT OR SUPPLIES FOR AIR EVACUATION	100
M657 PREPARE PATIENTS OR EQUIPMENT FOR DITCHINGS OR CRASHES	100
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	100
D142 OBTAIN TRAINING AIDS, SPACE, OR EQUIPMENT	100
M647 IMPLEMENT REAL OR SIMULATED SURVIVAL PROCEDURES	100
P813 SET UP OR TAKE DOWN ATC, ATH, OR MASF	90
P779 LOAD OR UNLOAD SME, ATC, ATH, OR MASF FOR DEPLOYMENTS	90
M656 PREPARE PATIENT POSITIONING PLANS	90
P778 INVENTORY SME, ATC, ATH, OR MASF FOR DEPLOYMENTS	90
1529 PERFORM HAND OR LITTER CARRIES	90
M655 PERFORM PREFLIGHT PATIENT BRIEFINGS	90

TABLE B-41

GROUP ID NUMBER AND TITLE: GRP367, MAC PERSONNEL
 GROUP SIZE: 61 PERCENT OF SAMPLE: 2
 AVERAGE PAYGRADE: E-4, E-3 AVERAGE TICF: 79
 AVERAGE TAFMS: 90

THE FOLLOWING ARE IN DESCENDING ORDER BY PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
M662 SECURE OR TIE DOWN MEDICAL EQUIPMENT ON AIRCRAFT	100
M642 ENPLANE OR DEPLANE BAGGAGE	100
M654 PERFORM PATIENT CARE IN-FLIGHT	100
M649 MAKE UP LITTERS	98
M651 OPERATE IN-FLIGHT OXYGEN SYSTEMS	97
M643 ENPLANE OR DEPLANE PATIENTS	95
M660 PREPARE, MAINTAIN, AND OPERATE MEDICAL EQUIPMENT OR SUPPLIES FOR AIR EVACUATION	93
M640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	92
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	92
M663 SERVE IN-FLIGHT MEALS	90
M645 IDENTIFY PATIENT SYMPTOMS ARISING FROM PHYSIOLOGICAL CHANGES DUE TO FLIGHT	89
G388 SET UP STRYKER FRAMES	89
M646 IDENTIFY PRIMARY CHARACTERISTICS OF AEROMEDICAL EVACUATION AIRCRAFT	87
M650 OPERATE AEROMEDICAL EVACUATION AIRCRAFT VACUUM SYSTEMS	87
M658 PREPARE PSYCHIATRIC PATIENTS FOR AIR EVACUATION	85
E233 INITIATE OR ANNOTATE DD FORMS 600 (PATIENT'S BAGGAGE TAG)	84
H476 OBTAIN AND RECORD BLOOD PRESSURES	84
M639 COMPLETE ALTITUDE CHAMBER FLIGHTS	84
M648 INITIATE AND ANNOTATE MAC AEROMEDICAL EVACUATION FORMS	82
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	82
M657 PREPARE PATIENTS OR EQUIPMENT FOR DITCHINGS OR CRASHES	80
M655 PERFORM PREFLIGHT PATIENT BRIEFINGS	79
I529 PERFORM HAND OR LITTER CARRIES	77
H426 APPLY SUCTION TO PATIENTS	77
H480 OBTAIN AND RECORD RADIAL PULSE	75

APPENDIX C
REPRESENTATIVE TASKS
DAFSC GROUPS

TABLE C-1

REPRESENTATIVE TASKS PERFORMED BY DAFSC 90299 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=103)
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL MATTERS	89
C93 CONDUCT SELF-INSPECTIONS	89
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	87
C118 PREPARE RECOMMENDATIONS FOR SPECIAL AWARDS OR DECORATIONS	84
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	83
A7 DETERMINE PERSONNEL REQUIREMENTS	83
B45 DIRECT ADMINISTRATIVE FUNCTIONS	83
A2 ASSIGN SPONSORS FOR NEWLY ASSIGNED PERSONNEL	83
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	82
C102 EVALUATE JOB DESCRIPTIONS	82
A37 SCHEDULE PERSONNEL FOR SCHOOL OR SPECIAL TEMPORARY DUTY (TDY) ASSIGNMENTS	79
B52 DRAFT OR REVISE JOB DESCRIPTIONS	79
E309 PREPARE CORRESPONDENCE	78
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	78
A36 SCHEDULE LEAVES OR PASSES	78
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	77
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	77
B41 BRIEF SUPERVISORY PERSONNEL ON INSPECTION FINDINGS	77
A6 COORDINATE MEDICAL ACTIVITIES WITH SPECIALTY CLINICS OR OTHER SECTIONS	74
B65 MAINTAIN STATUS BOARDS OR CHARTS	74
A14 ESTABLISH PERFORMANCE STANDARDS	74
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRUCTIONS OR STANDING OPERATING PROCEDURES	74
A3 ATTEND PROFESSIONAL STAFF MEETINGS	73
B61 INITIATE CORRECTIVE ACTIONS BASED ON INSPECTION DEFICIENCY REPORTS	73
A8 DEVELOP OR REVISE ORGANIZATION OF SECTION	73

TABLE C-2

REPRESENTATIVE TASKS PERFORMED BY DAFSC 90200 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=43)
A7 DETERMINE PERSONNEL REQUIREMENTS	88
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	84
A3 ATTEND PROFESSIONAL STAFF MEETINGS	77
A24 PLAN OR PREPARE BRIEFINGS	77
A2 ASSIGN SPONSORS FOR NEWLY ASSIGNED PERSONNEL	74
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	74
E309 PREPARE CORRESPONDENCE	72
A7 ASSIGN PERSONNEL TO DUTY POSITIONS	72
C90 ADVISE SUBORDINATES ON RESOLUTIONS OF TECHNICAL PROBLEMS	72
A37 SCHEDULE PERSONNEL FOR SCHOOL OR SPECIAL TEMPORARY DUTY (TDY) ASSIGNMENTS	72
A33 PREPARE RECOMMENDATIONS FOR CHANGES TO GOVERNING DIREC- TIVES, STANDARDS, OR LOCAL OPERATING PROCEDURES	72
B39 ADVISE SUBORDINATES OF MEDICAL ETHICS	70
B65 MAINTAIN STATUS BOARDS OR CHARTS	70
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	70
A21 PLAN AND DEVELOP STATUS BOARDS OR CHARTS	70
C110 EVALUATE SUGGESTIONS	70
C101 EVALUATE INSPECTION REPORTS OR PROCEDURES	67
C119 PREPARE RECOMMENDATIONS FOR SPECIAL CORRECTIVE ACTION IN CASES OF RECURRING PROBLEMS	67
C99 EVALUATE COMPLIANCE WITH WORK STANDARDS	67
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRUC- TIONS OR STANDING OPERATING PROCEDURES	67
B52 DRAFT OR REVISE JOB DESCRIPTIONS	67
B45 DIRECT ADMINISTRATIVE FUNCTIONS	65
B41 BRIEF SUPERVISORY PERSONNEL ON INSPECTION FINDINGS	65
A9 DEVELOP OR UPDATE ORGANIZATIONAL CHARTS	65
C93 CONDUCT SELF-INSPECTIONS	65

TABLE C-3

RELATIVE PERCENT TIME SPENT ON DUTIES BY DAFSC A902X0 GROUPS*
AFSC A902X0

DUTY	TOTAL SAMPLE (N=108)	DAFSC A90230/ A90250 (N=61)	DAFSC A90270 (N=35)	DAFSC A90299/ A90200 (N=12)
A ORGANIZING AND PLANNING	7	5	7	17
B DIRECTING AND IMPLEMENTING	8	4	10	20
C INSPECTING AND EVALUATING	7	4	9	17
D TRAINING	7	5	10	9
E PERFORMING ADMINISTRATIVE FUNCTIONS	13	13	14	13
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	1	1	1	1
G PREPARING FOR PATIENT CARE PROCEDURES	5	6	4	1
H PERFORMING PATIENT CARE PROCEDURES	16	18	15	8
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	4	4	2	3
J PREPARING AND ADMINISTERING INJECTIONS	1	1	1	-
K PERFORMING OUTPATIENT CLINICAL CARE	3	4	2	-
L PERFORMING WARD SERVICES	1	1	-	-
M PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	23	28	19	8
N PERFORMING ALLERGY TESTS AND PROCEDURES	-	-	-	-
O PERFORMING PHYSICAL EXAMINATIONS	-	-	-	1
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	3	2	4	1
Q PERFORMING ALLERGY EXTRACTS OR KITS	-	-	-	-
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	2	2	2	-
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	-	-	-	-
T ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	-	1	-	-

* Columns may not add to 100 percent due to rounding

- Indicates less than 1 percent

TABLE 4
REPRESENTATIVE TASKS PERFORMED BY
DAFSC A90230/A90250 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=61)
M662 SECURE OR TIE DOWN MEDICAL EQUIPMENT ON AIRCRAFT	84
M654 PERFORM PATIENT CARE IN-FLIGHT	84
M649 MAKE UP LITTERS	82
M642 ENPLANE OR DEPLANE BAGGAGE	82
M640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	80
M643 ENPLANE OR DEPLANE PATIENTS	79
M646 IDENTIFY PRIMARY CHARACTERISTICS OF AEROMEDICAL EVACUATION AIRCRAFT	79
G388 SET UP STRYKER FRAMES	79
M660 PREPARE, MAINTAIN, AND OPERATE MEDICAL EQUIPMENT OR SUPPLIES FOR AIR EVACUATION	77
M651 OPERATE IN-FLIGHT OXYGEN SYSTEMS	77
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	74
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	74
M663 SERVE IN-FLIGHT MEALS	72
H476 OBTAIN AND RECORD BLOOD PRESSURES	72
E233 INITIATE OR ANNOTATE DD FORMS 600 (PATIENT'S BAGGAGE TAG)	70
M650 OPERATE AEROMEDICAL EVACUATION AIRCRAFT VACUUM SYSTEMS	70
M645 IDENTIFY PATIENT SYMPTOMS ARISING FROM PHYSIOLOGICAL CHANGES DUE TO FLIGHT	70
H426 APPLY SUCTION TO PATIENTS	70
E234 INITIATE OR ANNOTATE DD FORMS 601 (PATIENT EVACUATION MANIFEST)	69
M648 INITIATE AND ANNOTATE MAC AEROMEDICAL EVACUATION FORMS	69
M658 PREPARE PSYCHIATRIC PATIENTS FOR AIR EVACUATION	69
M655 PERFORM PREFLIGHT PATIENT BRIEFINGS	67
G359 PREPARE OXYGEN EQUIPMENT	67
M639 COMPLETE ALTITUDE CHAMBER FLIGHTS	67
M657 PREPARE PATIENTS OR EQUIPMENT FOR DITCHINGS OR CRASHES	67

TABLE 5
REPRESENTATIVE TASKS PERFORMED BY DAFSC A90270 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=35)
M662 SECURE OR TIE DOWN MEDICAL EQUIPMENT ON AIRCRAFT	83
M654 PERFORM PATIENT CARE IN-FLIGHT	80
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	80
M643 ENPLANE OR DEPLANE PATIENTS	77
M649 MAKE UP LITTERS	77
M651 OPERATE IN-FLIGHT OXYGEN SYSTEMS	77
M642 ENPLANE OR DEPLANE BAGGAGE	77
H476 OBTAIN AND RECORD BLOOD PRESSURES	77
M646 IDENTIFY PRIMARY CHARACTERISTICS OF AEROMEDICAL EVACUATION AIRCRAFT	74
M660 PREPARE, MAINTAIN, AND OPERATE MEDICAL EQUIPMENT OR SUPPLIES FOR AIR EVACUATION	74
M640 CONFIGURE AIRCRAFT TO RECEIVE PATIENTS	74
E235 INITIATE OR ANNOTATE DD FORMS 602 (PATIENT EVACUATION TAG)	71
M645 IDENTIFY PATIENT SYMPTOMS ARISING FROM PHYSIOLOGICAL CHANGES DUE TO FLIGHT	71
M650 OPERATE AEROMEDICAL EVACUATION AIRCRAFT VACUUM SYSTEMS	69
H480 OBTAIN AND RECORD RADIAL PULSE	69
E233 INITIATE OR ANNOTATE DD FORMS 600 (PATIENT'S BAGGAGE TAG)	69
M652 PERFORM ANTIHIJACK SEARCHES OF PATIENTS AND PASSENGERS	69
M655 PERFORM PREFLIGHT PATIENT BRIEFINGS	69
H481 OBTAIN AND RECORD TEMPERATURES	69
M647 IMPLEMENT REAL OR SIMULATED SURVIVAL PROCEDURES	69
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	66
C93 CONDUCT SELF-INSPECTIONS	66
H470 MOVE OR TRANSPORT PATIENTS	66
C117 PREPARE APRs	66
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	66

TABLE 6

REPRESENTATIVE TASKS PERFORMED
BY DAFSC A90299/A90200 PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=12)
A3 ATTEND PROFESSIONAL STAFF MEETINGS	92
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	92
B44 DEVELOP OR IMPROVE WORK METHODS OR PROCEDURES	83
B45 DIRECT ADMINISTRATIVE FUNCTIONS	83
C95 EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	75
E309 PREPARE CORRESPONDENCE	75
B61 INITIATE CORRECTIVE ACTIONS BASED ON INSPECTION DEFICIENCY REPORTS	75
C93 CONDUCT SELF-INSPECTIONS	75
A21 PLAN AND DEVELOP STATUS BOARDS OR CHARTS	75
D150 REVIEW TRAINING PROGRESS OF INDIVIDUALS	75
D143 PARTICIPATE IN TRAINING WORKSHOPS OR CONFERENCES	75
A37 SCHEDULE PERSONNEL FOR SCHOOL OR SPECIAL TEMPORARY DUTY (TDY) ASSIGNMENTS	75
C118 PREPARE RECOMMENDATIONS FOR SPECIAL AWARDS OR DECORATIONS	75
A24 PLAN OR PREPARE BRIEFINGS	67
A17 ESTABLISH WORK PRIORITIES	67
C96 EVALUATE ADHERENCE TO WORK SCHEDULES	67
C108 EVALUATE SAFETY PROGRAMS	67
B65 MAINTAIN STATUS BOARDS OR CHARTS	67
B63 INTERPRET POLICIES OR DIRECTIVES FOR SUBORDINATES	67
A7 DETERMINE PERSONNEL REQUIREMENTS	67
C101 EVALUATE INSPECTION REPORTS OR PROCEDURES	67
C103 EVALUATE MAINTENANCE OF STATUS BOARDS OR CHARTS	67
C111 EVALUATE USE OF WORKSPACE, EQUIPMENT, OR SUPPLIES	67
B52 DRAFT OR REVISE JOB DESCRIPTIONS	67
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRU- CTIONS OR STANDING OPERATING PROCEDURES	67

TABLE 7
RELATIVE PERCENT TIME SPENT ON
DUTIES BY DAFSC 902XOA GROUPS

DUTY	TOTAL SAMPLE (N=140)	DAFSC 90230/50 (N=104)	DAFSC 90270A (N=36)
A ORGANIZING AND PLANNING	5	5	7
B DIRECTING AND IMPLEMENTING	5	4	8
C INSPECTING AND EVALUATING	3	2	8
D TRAINING	3	2	4
E PERFORMING ADMINISTRATIVE FUNCTIONS	21	21	20
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	-	-	-
G PREPARING FOR PATIENT CARE PROCEDURES	3	3	3
H PERFORMING PATIENT CARE PROCEDURES	13	14	13
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	-	1	-
J PREPARING AND ADMINISTERING INJECTIONS	24	27	17
K PERFORMING OUTPATIENT CLINICAL CARE	5	4	6
L PERFORMING WARD SERVICES	-	-	-
M PERFORMING AEROMEDICAL EVACUATION FUNC- TIONS	1	1	-
N PERFORMING ALLERGY TESTS AND PROCEDURES	7	7	6
O PERFORMING PHYSICAL EXAMINATIONS	-	-	-
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	-	-	-
Q PERFORMING ALLERGY EXTRACTS OR KITS	6	7	6
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	-	-	-
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	-	-	-
T ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	-	-	-

* Columns may not add to 100 percent due to rounding
- Indicates less than 1 percent

TABLE 8
REPRESENTATIVE TASKS PERFORMED BY
DAFSC 90230A/90250A PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=104)
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	92
J554 ADMINISTER TUBERCULIN SKIN TESTS	91
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	91
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	90
J555 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	90
H391 ADMINISTER ALLERGY EXTRACTS	89
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	89
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	88
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	88
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	87
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	87
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	86
E298 MAINTAIN PATIENT ALLERGY RECORD FILES	86
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	86
J551 ADMINISTER ORAL VACCINES	85
J558 CONSULT WITH PHYSICIANS ON DETERMINATION OF PATIENTS' ALLERGY MEDICATION	83
E314 PREPARE PATIENT ALLERGY RECORDS	82
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	81
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMATIC REACTIONS	80

TABLE 9

REPRESENTATIVE TASKS PERFORMED BY DAFSC 90270A PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=36)
H453 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR LOCAL REACTIONS	92
H450 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR ANAPHYLAXIS	89
J553 ADMINISTER SUBCUTANEOUS INJECTIONS	86
J549 ADMINISTER INTRAMUSCULAR INJECTIONS	86
H452 IDENTIFY AND INITIATE EMERGENCY TREATMENT FOR SYSTEMIC REACTIONS	86
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	83
H474 OBSERVE REACTIONS OF ALLERGY PATIENTS AFTER INJECTIONS	83
J548 ADMINISTER INTRADERMAL INJECTIONS	83
J559 COUNSEL PATIENTS ON ROUTINE IMMUNIZATION PROCEDURES OR EFFECTS	81
J561 DISPOSE OF NEEDLES OR SYRINGES USING METHODS SUCH AS AUTOCLAVE, CRUSHING, OR BURNING	81
B48 DIRECT MASS IMMUNIZATION PROGRAMS	81
E298 MAINTAIN PATIENT ALLERGY RECORD FILES	78
J555 ANNOTATE OR UPDATE IMMUNIZATION ROSTER MACHINE PRINTOUTS	78
J554 ADMINISTER TUBERCULIN SKIN TESTS	78
J567 INTERPRET AND RECORD RESULTS OF TUBERCULIN SKIN TESTS	78
E301 ORDER SUPPLIES USING SHOPPING GUIDES	78
A19 PLAN AND COORDINATE MASS IMMUNIZATIONS FOR GROUPS OR INDIVIDUALS	78
G338 MAINTAIN EMERGENCY DRUG TRAYS	78
H391 ADMINISTER ALLERGY EXTRACTS	75
J557 COMPARE INDIVIDUAL PUBLIC HEALTH SERVICE FORM 731 WITH IMMUNIZATION CARD DECKS OR PRINTOUTS	75
J551 ADMINISTER ORAL VACCINES	75
J560 DETERMINE SPECIFIC DOSAGE FOR ALLERGY PATIENTS	75
J563 INSPECT BIOLOGICAL REFRIGERATORS FOR PROPER TEMPERATURE AND UTILIZATION	75
N664 ADMINISTER INTRADERMAL TESTS	75
J570 PREPARE MEDICATIONS OR VACCINES FOR INJECTIONS	72

TABLE 10
RELATIVE PERCENT TIME SPENT ON
DUTIES BY DAFSC 902X0B GROUPS

DUTY	TOTAL SAMPLE (N=28)	DAFSC 90230B/ 90250B (N=15)	DAFSC 90270 (N=13)
A ORGANIZING AND PLANNING	6	3	10
B DIRECTING AND IMPLEMENTING	6	4	10
C INSPECTING AND EVALUATING	6	4	8
D TRAINING	3	3	3
E PERFORMING ADMINISTRATIVE FUNCTIONS	27	30	24
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	-	-	-
G PREPARING FOR PATIENT CARE PROCEDURES	1	-	2
H PERFORMING PATIENT CARE PROCEDURES	7	4	10
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	-	-	-
J PREPARING AND ADMINISTERING INJECTIONS	-	-	-
K PERFORMING OUTPATIENT CLINICAL CARE	2	1	2
L PERFORMING WARD SERVICES	-	-	1
M PERFORMING AEROMEDICAL EVACUATION FUNCTIONS	-	-	-
N PERFORMING ALLERGY TESTS AND PROCEDURES	-	-	-
O PERFORMING PHYSICAL EXAMINATIONS	-	-	-
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	-	-	-
Q PERFORMING ALLERGY EXTRACTS OR KITS	-	-	-
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	-	-	-
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	40	49	28
T ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	-	-	-

* Columns may not add to 100 percent due to rounding
- Indicates less than 1 percent

TABLE 11
REPRESENTATIVE TASKS PERFORMED BY DAFSC 90230B/90250B PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=15)
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	100
S875 PERFORM EEG USING PHOTIC STIMULATION ACTIVATION	100
S857 APPLY PASTE ELECTRODES FOR EEG	100
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10-20 SYSTEM) FOR EEG	100
S861 DETECT AND ELIMINATE ARTIFACTS	100
S884 PREPARE ELECTRODE SITES FOR EEG	100
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	100
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	100
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMA- TION	100
S882 PERFORM SLEEP ACTIVATION EEGs	100
S870 PERFORM BEDSIDE EEGs	100
S859 CHECK ELECTRODES' IMPEDANCE	93
S860 DESIGN AND IMPLEMENT MONTAGES TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	93
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	87
E323 SCHEDULE PATIENT'S APPOINTMENTS	87
S887 PROVIDE CARE FOR NEUROLOGICAL PATIENTS	87
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	87
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	80
S877 PERFORM ELECTRO CEREBRAL SILENCE EEG	80
S888 UTILIZE SPECIAL ELECTRODE PLACEMENTS TO DOCUMENT PHYSIO- LOGICAL ARTIFACT	73
E297 MAINTAIN OUTPATIENT APPOINTMENT BOOKS	73
S871 PERFORM EEG USING AVERAGE REFERENCE RECORDING TECHNIQUES	73
E313 PREPARE OR SUBMIT DAILY PATIENT COUNT STATISTICS	73
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	67
E210 INITIATE OR ANNOTATE AF FORMS 555 (PATIENT VISIT REGISTER)	67

TABLE 12

REPRESENTATIVE TASKS PERFORMED BY DAFSC 90270B PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=13)
A17 ESTABLISH WORK PRIORITIES	92
S872 PERFORM EEG USING BIPOLAR/DIFFERENTIAL MONTAGES	85
S874 PERFORM EEG USING MONOPOLAR/REFERENTIAL MONTAGES	85
H441 ESTABLISH POSITIVE PATIENT RAPPORT	85
S882 PERFORM SLEEP ACTIVATION EEGs	85
S860 DESIGN AND IMPLEMENT MONTAGES TO ENHANCE OR LOCALIZE EEG ABNORMALITIES	85
S873 PERFORM EEG USING HYPERVENTILATION ACTIVATION	85
S865 MEASURE PATIENT'S HEAD AND MARK ELECTRODE SITES (USING 10-20 SYSTEM) FOR EEG	85
S884 PREPARE ELECTRODE SITES FOR EEG	85
S861 DETECT AND ELIMINATE ARTIFACTS	85
S857 APPLY PASTE ELECTRODES FOR EEG	85
S853 ANNOTATE ELECTROENCEPHALOGRAM (EEG) WITH ARTIFACT INFORMA- TION	85
S859 CHECK ELECTRODES' IMPEDANCE	85
S852 ADJUST NEUROLOGICAL EQUIPMENT DURING RECORDINGS	85
S875 PERFORM EEG USING PHOTIC STIMULATION ACTIVATION	77
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	77
S868 UTILIZE SPECIAL ELECTRODE PLACEMENTS TO DOCUMENT PHYSIO- LOGICAL ARTIFACT	77
S879 PERFORM MINOR AND ROUTINE MAINTENANCE ON NEUROLOGICAL EQUIPMENT	77
A10 DEVELOP OR WRITE LOCAL MEDICAL FACILITY OPERATING INSTRUC- TIONS OR STANDING OPERATING PROCEDURES	77
S877 PERFORM ELECTROCEREBRAL SILENCE EEG	77
E323 SCHEDULE PATIENT'S APPOINTMENTS	69
S871 PERFORM EEG USING AVERAGE REFERENCE RECORDING TECHNIQUES	69
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	69
E296 MAINTAIN OR FILE LABORATORY RECORDS OR REPORTS	69
C97 EVALUATE ADMINISTRATIVE FORMS, FILES, OR PROCEDURES	69

TABLE 13
RELATIVE PERCENT TIME SPENT ON
DUTIES BY DAFSC 902XOC GROUPS

DUTY	TOTAL SAMPLE (N=653)	DAFSC 90230/50 (N=463)	DAFSC 90270 (N=188)
A ORGANIZING AND PLANNING	5	2	10
B DIRECTING AND IMPLEMENTING	5	3	11
C INSPECTING AND EVALUATING	4	2	10
D TRAINING	3	2	7
E PERFORMING ADMINISTRATIVE FUNCTIONS	32	34	27
F PERFORMING AEROMEDICAL INDOCTRINATION OF FLYING AND FLYING SUPPORT PERSONNEL	-	-	-
G PREPARING FOR PATIENT CARE PROCEDURES	2	2	1
H PERFORMING PATIENT CARE PROCEDURES	6	8	4
I PROVIDING MEDICAL CRASH AND AIR RESCUE COVERAGE	6	6	6
J PREPARING AND ADMINISTERING INJECTIONS	1	1	-
K PERFORMING OUTPATIENT CLINICAL CARE	4	4	2
L PERFORMING WARD SERVICES	-	-	-
M PERFORMING AEROMEDICAL EVACUATION FUNC- TIONS	-	-	-
N PERFORMING ALLERGY TESTS AND PROCEDURES	1	-	1
O PERFORMING PHYSICAL EXAMINATIONS	24	29	15
P PERFORMING INDEPENDENT DUTY AND GENERAL ACTIVITIES	1	1	2
Q PERFORMING ALLERGY EXTRACTS OR KITS	-	-	-
R PERFORMING FIELD EMERGENCY TREATMENT FUNCTIONS	2	2	1
S PERFORMING NEUROLOGICAL TESTS AND PROCEDURES	-	-	-
T ASSISTING HEALTH CARE PROVIDERS WITH DIAGNOSTIC PROCEDURES	-	1	-

* Columns may not add to 100 percent due to rounding
- Indicates less than 1 percent

TABLE 14

REPRESENTATIVE TASKS PERFORMED BY
DAFSC 90230C/90250C PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=463)
H476 OBTAIN AND RECORD BLOOD PRESSURES	85
0716 PERFORM AND INTERPRET AUDIOGRAMS	81
0739 REVIEW MEDICAL RECORDS	81
E263 INITIATE OR ANNOTATE SF FORMS 550 (URINALYSIS)	81
0722 PERFORM EYE EXAMINATIONS BY USING VISION TESTING APPARATUS-NEAR DISTANT (VTA-ND) TESTERS	80
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	79
H477 OBTAIN AND RECORD BODY WEIGHT	78
E259 INITIATE OR ANNOTATE SF FORMS 546 (CHEMISTRY I)	78
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COMPLETENESS	77
E262 INITIATE OR ANNOTATE SF FORMS 549 (HEMATOLOGY)	77
I522 LOAD LITTERS INTO CRASH AMUBLANCE	77
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAMINATION)	77
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	76
0741 SCHEDULE PERSONNEL FOR PHYSICAL EXAMINATIONS	76
0710 INSTRUCT EXAMINEE ON PREPARATION OF PHYSICAL EXAMINATION FORMS	75
0702 ASSEMBLE PHYSICAL EXAMINATIONS FORMS	75
E264 INITIATE OR ANNOTATE SF FORMS 551 (SEROLOGY)	75
0729 PERFORM POINT OF CONVERGENCY EYE EXAMINATIONS	75
0743 TAKE SITTING HEIGHT MEASUREMENTS	75
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	75
E323 SCHEDULE PATIENT'S APPOINTMENTS	74
0745 TRANSCRIBE LABORATORY RESULTS ONTO PHYSICAL EXAMINATION FORMS)	74
E307 PREPARE AF FORMS 1042 (MEDICAL RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY)	74
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	72
H480 OBTAIN AND RECORD RADIAL PULSE	72
E232 INITIATE OR ANNOTATE DD FORMS 2216 (HEARING CONSERVATION DATA)	70

TABLE 15

REPRESENTATIVE TASKS PERFORMED BY DAFSC 90270C PERSONNEL

TASKS	PERCENT MEMBERS RESPONDING (N=188)
E172 ANSWER PATIENT INQUIRIES ON THE TELEPHONE	86
C117 PREPARE APRs	85
C94 COUNSEL SUBORDINATES ON MILITARY OR PERSONAL PROBLEMS	83
0739 REVIEW MEDICAL RECORDS	82
E272 INITIATE OR ANNOTATE SF FORMS 600 (HEALTH RECORD- CHRONOLOGICAL RECORD OF MEDICAL CARE)	82
A17 ESTABLISH WORK PRIORITIES	80
0709 DETERMINE PHYSICAL QUALIFICATIONS OR DISQUALIFICATIONS OF EXAMINEES	80
E309 PREPARE CORRESPONDENCE	79
0746 VISUALLY INSPECT PHYSICAL EXAMINATION FORMS FOR COM- PLETENESS	78
E208 INITIATE OR ANNOTATE AF FORMS 422 (PHYSICAL PROFILE SERIAL REPORT)	78
A1 ASSIGN PERSONNEL TO DUTY POSITIONS	78
E275 INITIATE OR ANNOTATE SF FORMS 88 (REPORT OF MEDICAL EXAM- INATION)	77
0707 DETERMINE AND RECORD ITEMS OF MEDICAL HISTORY	75
A25 PLAN OR SCHEDULE WORK ASSIGNMENTS	75
C93 CONDUCT SELF-INSPECTIONS	74
E317 PULL OR FILE MEDICAL RECORDS	74
0738 RESEARCH MEDICAL RECORDS FOR INTERVAL OR INDICATED HISTORIES	73
A36 SCHEDULE LEAVES OR PASSES	73
I522 LOAD LITTERS INTO CRASH AMBULANCE	73
E276 INITIATE OR ANNOTATE SF FORMS 93 (REPORT OF MEDICAL HISTORY)	73
H476 OBTAIN AND RECORD BLOOD PRESSURES	73
B66 ORIENT NEWLY ASSIGNED MEDICAL PERSONNEL	73
E161 ADVISE FLIGHT SURGEONS REGARDING STATUS OF EQUIPMENT, SUPPLIES, OR TRAINING OF PERSONNEL	72
0711 INTERVIEW EXAMINEES FOR INTERVAL OR INDICATED HISTORIES	72
I536 RESPOND TO IN-FLIGHT EMERGENCIES (IFE)	72

END

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